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ABSTRACT

This instructional package, one of four designed for regular vocational students, focuses on the vocational area of medical assistant. Contained in this document are forty-seven learning modules organized into nine units: review for competency; third-party billing; patient teaching; skill building; bookkeeping; interpersonal relationships; medical office first aid; banking; and casting procedures. Each module includes these elements: a performance objective page telling what will be learned, what materials will be needed, and how the student will be evaluated; information pages (not always included) which provide information needed to perform the activity; and job step pages which detail steps (visuals included) necessary to do the tasks. (This document and related documents CE 017 569, CE 017 570, and CE 017 571 are one of two sets of learning modules on medical assistants written in formats designed for regular vocational and visually impaired students. These modules are part of a total set which includes over 1,300 modules in a variety of formats on building maintenance, dietetic assistant, small engine repair, medical assistant, and graphics.) (JH)

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TO:

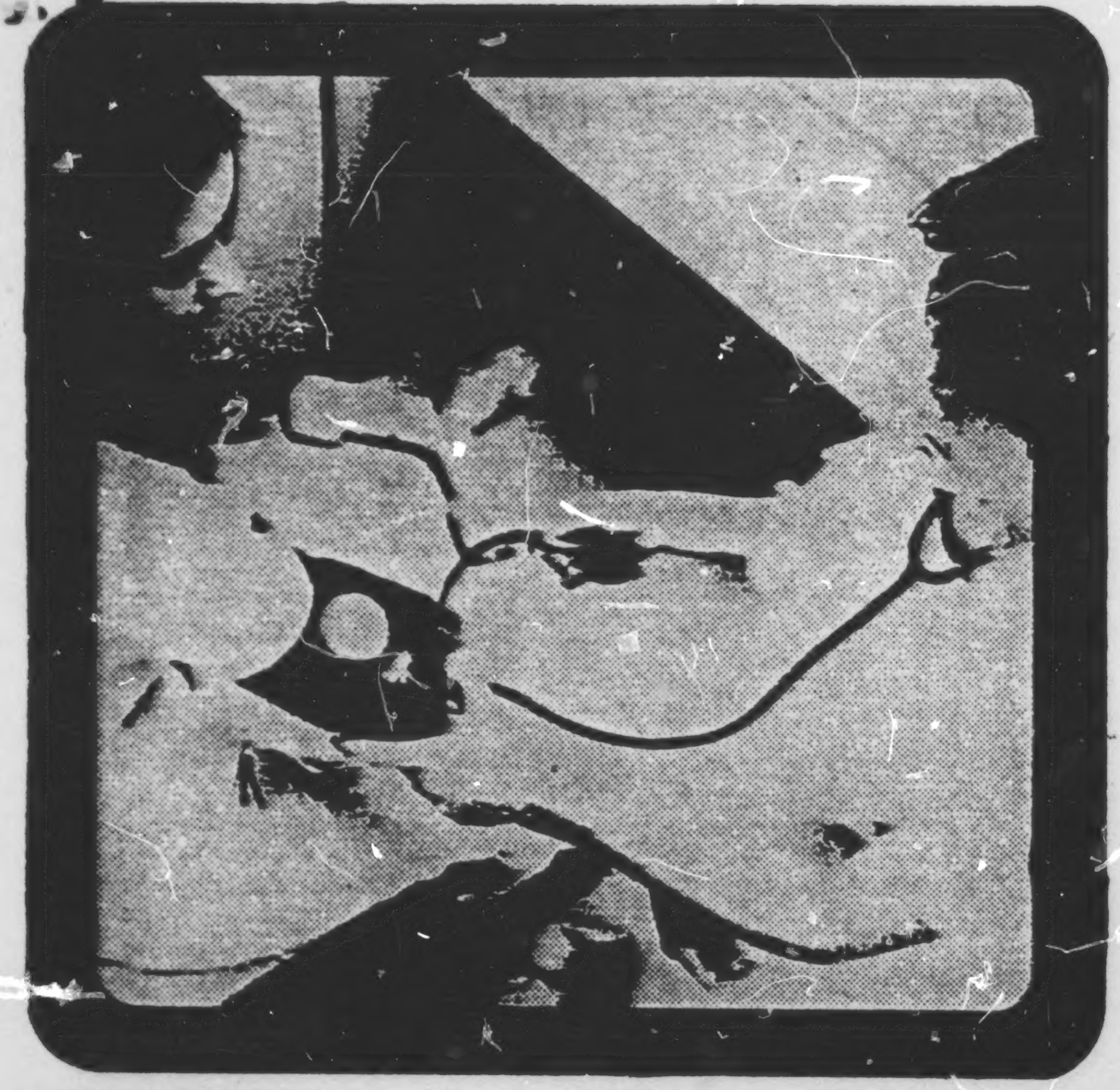
MULTIPLE LEARNING STRATEGIES PROJECT

MEDICAL ASSISTANT

[Regular Vocational- VOL. 4]

4

CE 017 572



# medical assistant

unit: Review for Competency

capital area career center

module: 4401 12 005 date: 8/77 level: IV

skill title: How to Combine Single Skills into Group of Medical Office Skills #1

developed & written by: Beverly Varney

visuals by:

## WORD GUIDE

VDRL - Venereal Disease Research Laboratory

## PERFORMANCE OBJECTIVE

You are going to learn:

How to combine several single skills into a group skill. And then how to check to see if you remember material you have completed earlier.

And in order to do this you will need:

The equipment to do a complete physical, pelvic exam, a pap smear, a urine specimen, a VDRL.

We will know you can do it when:

1. You get ready all the equipment you need in 10 minutes.
2. You instruct the patient on how to prepare for the exam and how to collect specimens.
3. You explain the procedures to the patient and position the patient.
4. You assist the person playing the role of the doctor.
5. You clean and store all equipment when you are finished.
6. You can do all of the above without referring back to the modules.

## INFORMATION

The following is an example of the appointment you are to set up for and assist.

| | | | |
|---|---|---|---|
| 11 | 00 | | |
| | 15 | Janice Jones - complete Px, pelvic, urine, Pap, smear | |
| | 30 | | |
| | 45 | | |

## JOB STEPS

1. Collect all materials.

2. Set up all equipment you need for the exams listed in the appointment. Tell your instructor before you begin setting up, so you can be timed.

3. Instruct a classmate/patient how to prepare for the exam and how to collect any specimens.

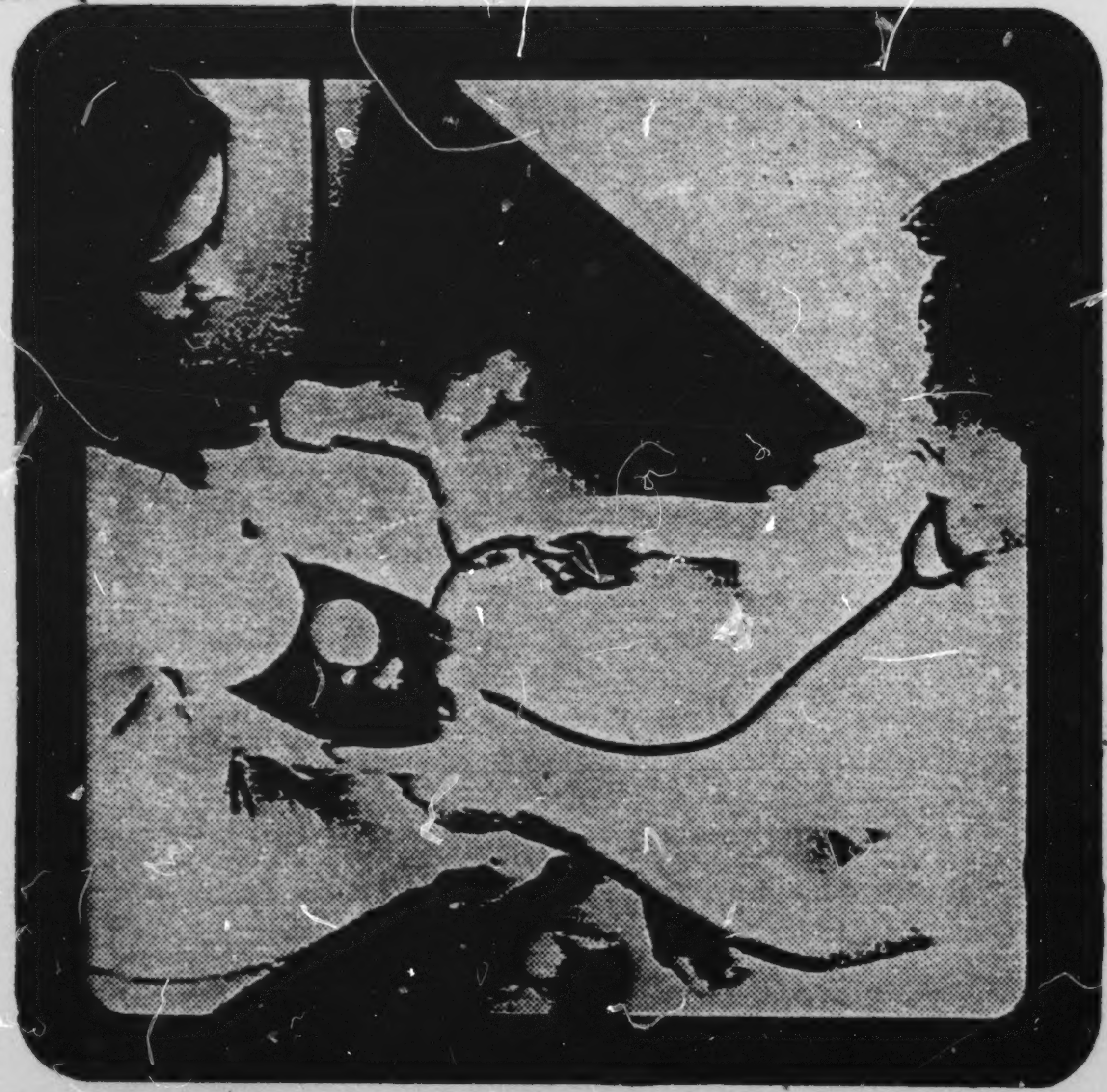
4. Assist the doctor/instructor with the exams.

5. Clean and store the equipment.

6. If you are unable to perform the skills required for this module, review the following mods:

4401 05 001
4401 05 002
4401 05 003
4401 05 021
4401 05 022
4401 05 024

4401 07 015
4401 07 001
4401 07 012
4401 05 030
4401 05 015
4401 05 016



# medical assistant

**unit:** Review for Competency

## capital area career center

**module:** 4401 12 006 **date:** 9/77 **level:** IV

**skill title:** How to Combine Single Skills into a Group of Medical Office Skills #2

**developed & written by:** Beverly Varney

**visuals by:** 006 7

## WORD GUIDE

**T** - Temperature

**P** - Pulse

**R** - Respiration

**BP** - Blood Pressure

**HGB** - Hemoglobin

**HT** - Height

**WT** - Weight

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to combine several single skills into a group skill. And then, how to check to see if you remember material you have completed earlier.

### AND IN ORDER TO DO THIS YOU WILL NEED:

The equipment to do T., P., R., BP, hgb, ht., wt., and a rectal exam.

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You get ready all the necessary equipment within 5 minutes.
2. You do the ht., wt., T., P., R., BP and hgb, and record the results, in 15 minutes.
3. You explain all procedures to the patient and position the patient.
4. You assist the person playing the role of the doctor.
5. You clean and store all equipment when you are finished.
6. You can do all the above without referring back to the modules.

## INFORMATION

The following is an example of the appointment you are to set up and assist:

| | | | |
|---|---|---|---|
| 2 | 00 | Jan Smith New Pt - Rectal Bleeding Hgb - TPR - BP - Ht - Wt | |
| | 15 | | |
| | 30 | | |
| | 45 | | |

In some offices it is routine to do T., P., R., BP, ht. and wt. on all new patients. You will not always find the procedure written in the appointment book. You should check to see what is routine for new patients and take notes for future reference.

## JOB STEPS

1. Collect your materials.

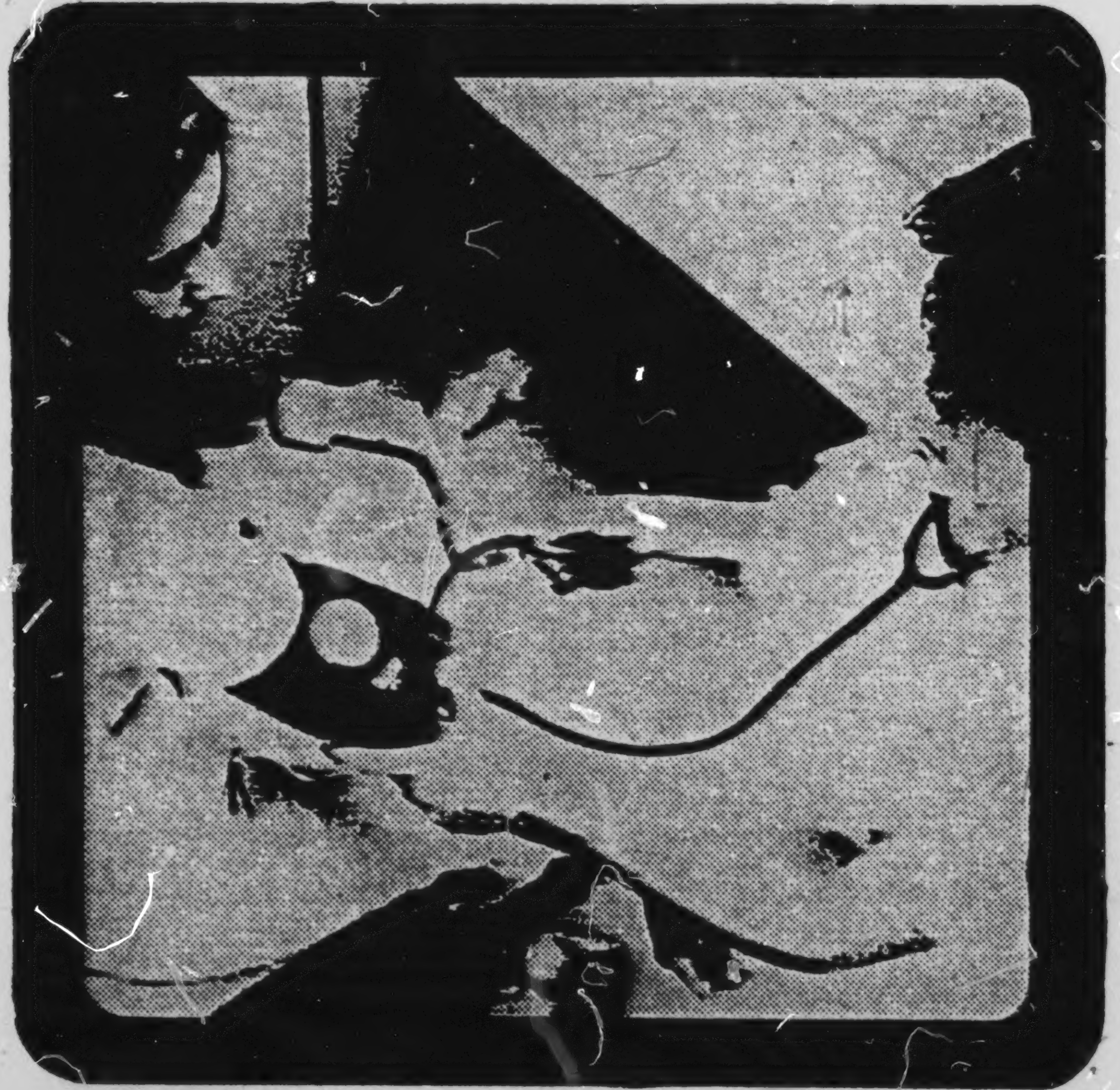
2. Set up all equipment you need for the exams listed in the appointment. Tell your instructor before you begin setting up, so you can be timed.

3. Do the part of the exam completed by the medical assistant.

4. Assist your doctor/instructor with the exam.

5. Clean and store the equipment.

6. If you are unable to perform the skills required in this module, review the following mods: 4401 05 006, 4401 05 007, 4401 05 008, 4401 05 012, 4401 05 013, 4401 05 014, 4401 05 019, 4401 05 020, 4401 07 009.



# medical assistant

unit: Review for Competency

capital area career center

module: 4401 12 007 date: 9/77 level: IV

skill title: How to Combine Single Skills into a Group of Medical Office Skills #3

developed & written by: Beverly Varney

visuals by:

## PERFORMANCE OBJECTIVE

You are going to learn:

How to combine several single skills into a group skill. And then, how to check to see if you remember material you have completed earlier

And in order to do this you will need:

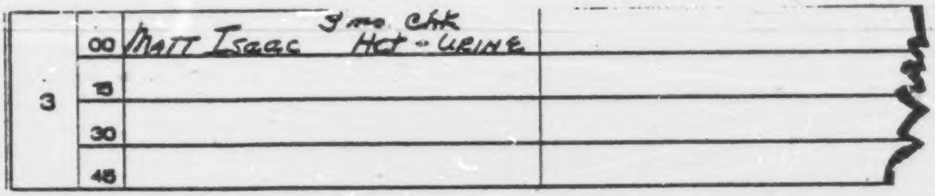
The equipment to do infant weight and measurement, a hematocrit, an infant urine specimen.

We will know that you can do it when:

1. You get ready all the necessary equipment within 15 minutes.
2. You instruct the person playing the role of the parent what to do during the exam and how to collect the needed specimens.
3. You do the measurements, weight and hematocrit within 10 minutes and then, record them.
4. You clean and store all equipment within 5 minutes.
5. You do all of the above without referring back to the modules.

## INFORMATION

The following is an example of the appointment you are to set up for and assist:



| | | | |
|---|---|---|---|
| 3 | 00 | MATT ISAAC 3 mo Chk Hct - URINE | |
| | 15 | | |
| | 30 | | |
| | 45 | | |

## JOB STEPS

1. Collect your materials.

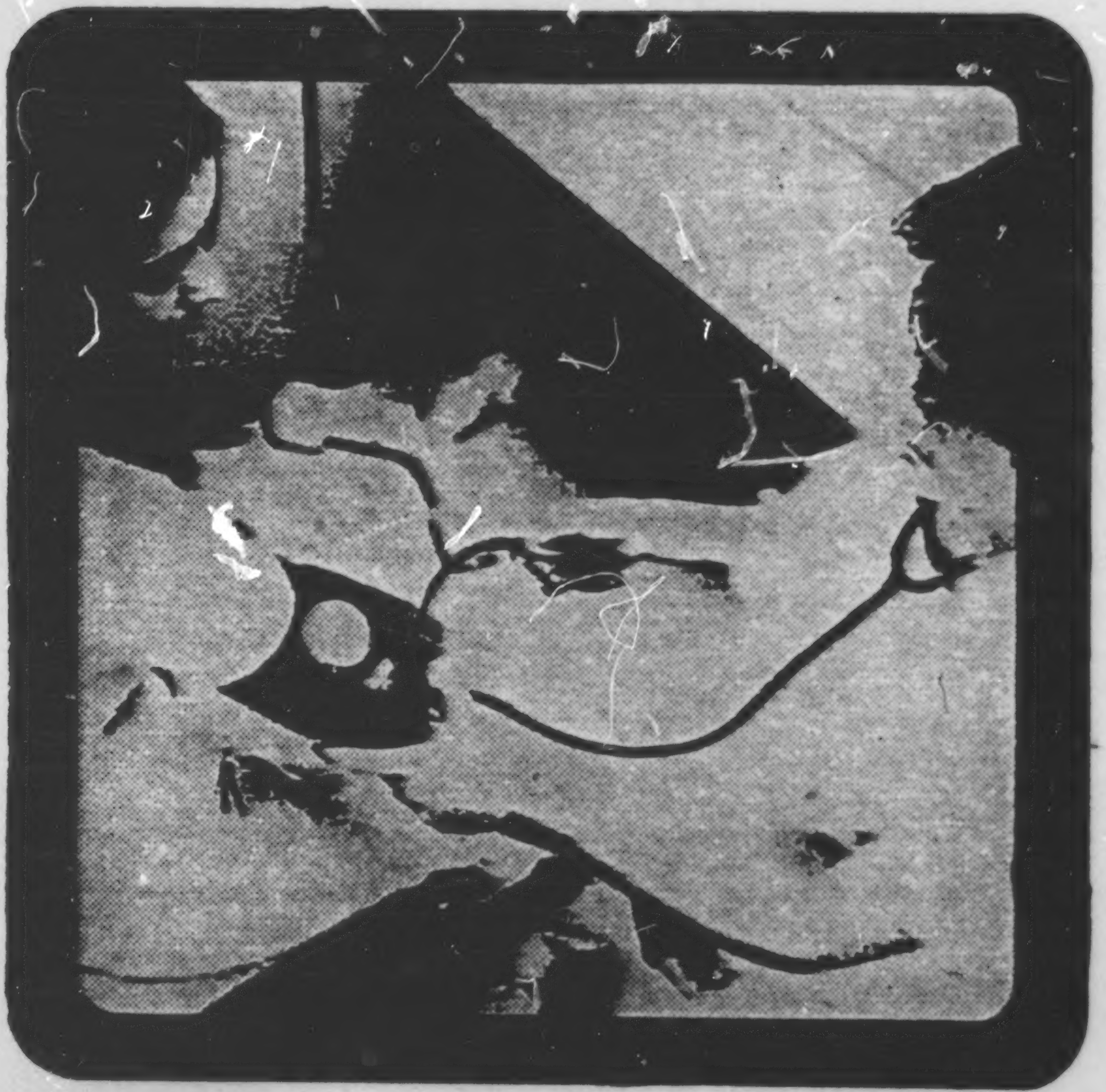
2. Set up all the necessary equipment for the exams listed in the appointment. Tell your instructor when you are ready to start setting up so you can be timed.

3. Tell the parent/classmate what they are to do.

4. Do the part of the exam completed by the medical assistant. Record the results.

5. Clean and store equipment.

6. If you are unable to perform the skills required in this module, review the following mods: 4401 05 004, 4401 05 007, 4401 05 010, 4401 07 002, 4401 07 005, 4401 07 008, 4401 07 007, 4401 07 021.



# medical assistant

**unit:** Review for Competency

**capital area career center**

**module:** 4401 12 008 **date:** 9/77 **level:** IV

**skill title:** How to Combine Single Skills into a Group of Medical Office Skills #4

**developed & written by:** Beverly Varney

**visuals by:**

## PERFORMANCE OBJECTIVE

You are going to learn:

How to combine several skills into a group skill. And then, how to check to see if you remember material you have completed earlier.

And in order to do this you will need:

The equipment for a new patient's history

Financial records

Pegboard

Appointment book

Telephone

Your instructor to role play the patient

We will know that you can do it when:

1. You answer the phone and make the appointment in the manner you have learned earlier.
2. You correctly fill out the history form and financial records with all necessary information.
3. You correctly use the peg-board.
4. You can correctly balance the day-book page in this mod.
5. You can do all of the above without referring back to the modules.

## JOB STEPS

1. Collect all equipment. Tell your instructor when you are ready. Be sure to write all your answers on scrap paper. Do not write in this module.

2. Your instructor will phone for an appointment. Take down all necessary information and write it in the appointment book.

3. When your "patient" arrives, greet her/him properly and fill out financial record cards and patient history forms.

4. Use the peg-board for financial recording.

5. Using the calculator, balance the day book page at the end of this module.

6. Count the money in the file folder to see if your figures are correct, marked "Reference to 4401 12 008".

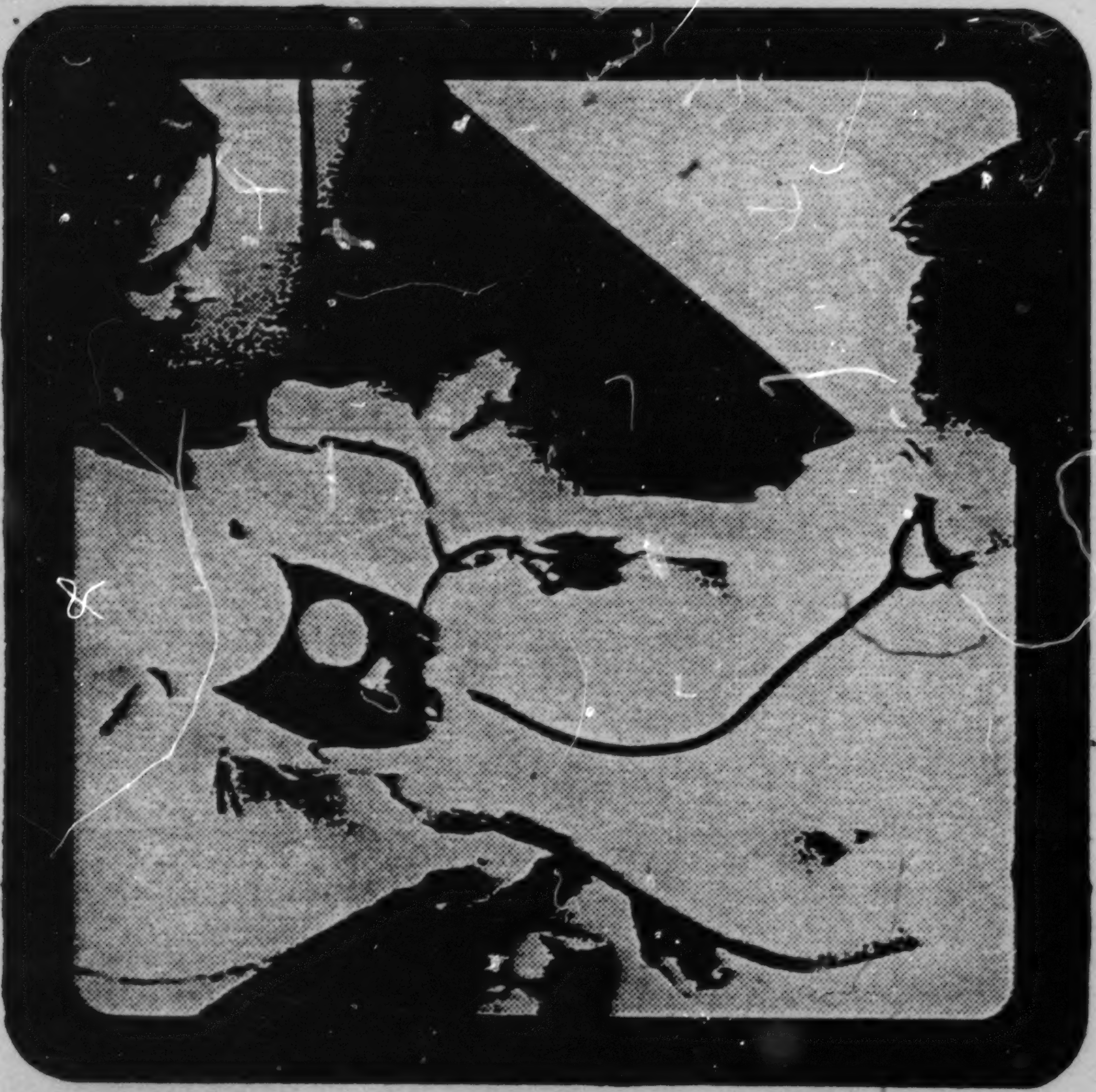
7. If you are unable to do the skills required in this module, review mods: 4401 09 004, 4401 09 005, 4401 03 002, 4401 03 001, 4401 16 001, 4401 16 008 and 4401 16 009.

DAY BOOK SHEET

| Index | Miscellaneous Information | Service Code | Charges (Dr. Adj. Should be Circled and Sub. When Totaling) 1 | Cash Receipts 2 | Balance (Circle Cr. Bal. and Subtract When Totaling) 3 | Previous Balance 4 | Invoice No. | Name |
|---|---|---|---|---|---|---|---|---|
| 4/12/77 | Lee | OC, I | 16.00 | 16.00 CS | — | — | 0791 | Dyke, Lee |
| | Madelyn | OC, L | 17.00 | 5.00 CS | 32.00 | 20.00 | 0792 | Peters, Jean |
| | Terry | OC | 14.00 | 23.00 CS | 70.00 | 79.00 | 0793 | Carlson, Terry |
| | Su-su | OC, I | 15.00 | 15.00 CK | — | — | 0794 | Long, Park |
| | Mei Ling | OC | 14.00 | — | 30.00 | 16.00 | 0795 | Lum, Wing Dot |
| | Jennifer | OC | 14.00 | 9.00 CK | 14.00 | 9.00 | 0796 | Cook, Jennifer |
| | Roosevelt Jr. | Recht | 6.00 | 300.00 CK | 48.00 | 342.00 | 0797 | Davis, Roosevelt |
| | Mark | OC | 14.00 | 14.00 CS | 190.00 | 190.00 | 0798 | Stein, Joe |
| | (Karl) Paid | Ck | — | 200.00 | 75.00 | 275.00 | — | Schwartz, Karl |
| | Paid Ins | Ck | — | 650.00 | — | 650.00 | — | Osborn, Mitchell |
| | Paid Ins | Ck | — | 75.00 | — | 75.00 | — | Franks, Ozzie |
| | Paid Ins | Ck | — | 12.00 | — | 12.00 | — | Potasek, Ronald |
| | Paid Ins | Ck | — | 40.00 | — | 40.00 | — | Dickie, Barton |
| | Paid | Ck | — | 10.00 | — | 10.00 | — | Rogers, George |
| | Paid | Ck | — | 9.00 | — | 9.00 | — | Linn, Jon |
| | Paid (Bank draft) | Ck | — | 6.00 | — | 6.00 | — | Gaylord, W.D. |
| | Art | OC-S | 25.00 | — | 25.00 | — | 0799 | Kelly, Art |
| | Mamie | OC-L | 35.00 | 35.00 CS | — | — | 0800 | Todd, Mamie |
| | Kelly | OC | 14.00 | — | 24.00 | 10.00 | 0801 | Alvin, Krista |
| | Sal | OC | 14.00 | — | 30.00 | 16.00 | 0802 | Liantacque, Sal |
| | Helen | Recht | 6.00 | 6.00 CS | — | — | 0803 | Craig, Helen |
| | Joan (Dr. Griffith wife) | OC | nc | nc | — | — | 0804 | Griffith, Paul |
| | Ginger | OC-I | 27.00 | — | 27.00 | — | 0805 | Brace, Ginger |
| | Sammy | OC | 14.00 | 14.00 CS | — | — | 0806 | Hicks, Chas |
| | Sue | OC-L | 15.00 | 15.00 CK | 20.00 | 20.00 | 0807 | Scott, Sue |
| | Anna | OC | 14.00 | — | 26.00 | 12.00 | 0808 | Hess, Anna |
| | Smokey | OC-L | 19.00 | — | 19.00 | — | 0809 | Ingram, David |
| | Raelyn | OC | 14.00 | 14.00 CS | — | — | 0810 | Lorenz, Raelyn |
| | Cazzie | OC-S | 42.00 | — | 42.00 | — | 0811 | Lopez, Felix |
| | TOTALS | | | | | | | |

| Professional Receipts—Cash Control | | | Accounts Receivable Control | | | Proof of Postings (Column Totals This Page) | | |
|---|---|---|---|---|---|---|---|---|
| Cash on Hand Previous Day | 2461 | 00 | Accounts Receivable Control Balance Previous Page | 9760 | 00 | Previous Balance, Col. 4 | | |
| Add—Payments, Col. 2 | | | Add—Charges, Col. 1 | | | Add—Charges, Col. 1 | | |
| Less—Deposits Made Today | 2436 | 00 | Less—Payments, Col. 2 | | | Less—Payments, Col. 2 | | |
| Balance Undeposited Cash | | | Balance, Control Total | | | Equals Balance, Col. 3 | | |

Date April 12, 1977 Page No. 192



# medical assistant

unit: Third Party Billing

capital area career center

module: 4401 13 001 date: 8/77 level: I

skill title: Introduction to Third Party Billing

developed & written by:

visuals by:

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to handle "third party billing".

AND IN ORDER TO DO THIS YOU WILL NEED:

The material in this mod which will introduce you to third party billing

Words and definitions pertaining to third party billing

A description of five kinds of third party billing

WE WILL KNOW YOU CAN DO IT WHEN:

1. You can correctly answer the questions at the end of this mod with 90% accuracy. The questions will cover the words and definitions you have been given and the kinds of third party billing to which you have been introduced.
2. You demonstrate a complete understanding of the answers to the questions.

## INFORMATION

The medical assistant will find that few patients are thoroughly familiar with their coverage under any health insurance plan. He/she faces two tasks related to insurance. First, patients expect help in determining the extent of their insurance coverage. Secondly, the greatest part of the physician's income is derived from these so-called "third party payers." The more knowledge the medical assistant has concerning all of these forms of re-imbursement and the processing of claims, the greater the physician's income is likely to be. Also, patient satisfaction will be greater. This makes the medical assistant a valuable asset to any physician.

You will find that you must constantly update your skills as this is an ever changing field. Most changes are due to expanded coverage. Dental insurance and prescription drugs are two recent additions. Major medical insurance is another. Major medical differs from other types in that it is not limited to a single type or expense but offers broad coverage for almost all kinds of medical care.

## WORD GUIDE

SUBSCRIBER - The person who buys the insurance coverage.

FULL FAMILY COVERAGE - Insurance coverage that includes the subscriber and the members of his family.

RECIPIENT - A term used to identify persons who are receiving assistance from a government sponsored insurance plan.

## JOB STEPS

1. Collect your materials.

2. There are many words which are "tools" you will be using when completing third party billing forms. The following contains most of these words, an explanation of what they mean and how you will use them. Carefully, read the following pages (A-L) giving special attention to the underlined words and their definitions. If you do not understand, ask questions.

   A. The term "THIRD PARTY" generally refers to an employer, an insurance company or another adult. The patient who is treated by a physician is usually responsible for the medical charges. In the mods dealing with third party billing, "third party" refers to insurance plans of various types.

   B. A SUBSCRIBER is the person who has the insurance coverage. The subscriber is usually one of the adult members of a family or a single adult. Sometimes only the subscriber is covered by the insurance policy. Or, the FULL FAMILY (subscribers, spouse, and children) are covered by the insurance policy.

   C. RECIPIENT is the term used to identify persons who are eligible for and receive assistance from government sponsored insurance plans. These persons have had to prove eligibility for these plans. They are also referred to as CLIENTS of the Department of Social Services. Each family usually has a SOCIAL WORKER assigned to them. This social worker may be called a CASEWORKER. Criteria for eligibility is usually a low income.

## WORD GUIDE

PROVIDER - The person (or institution) who does the thing the insurance pays for.

TITLE XIX - Another term for Medicaid.

MEDICAID - A federal government health care program for low income persons.

MEDICARE - A federal government health care program for people 65 years of age and older.

CHAMPUS - A federal government health care program for dependents of uniformed service members.

## JOB STEPS

D. An IDENTIFICATION CARD will be issued by the third party. This may be like a plastic charge card or a small paper card, like a business card or a larger card such as the Medical Assistance Authorization Card. It contains the information the medical assistant needs to know about the subscriber or recipient and about the type of insurance plan involved.

E. PROVIDER is the term used to describe the person giving the service. Most medical assistants work with the physician (provider).

F. The medical assistant should be familiar with five major health insurance plans. These are Medicaid (or Title XIX), Medicare, Champus, Workmen's Compensation and private health insurance plans.

G. MEDICAID is a federal government program which finances health care for the needy. It assists people whose incomes are low enough so that they can qualify for Medicaid according to criteria set up by the government agencies controlling the programs. Age does not enter into the criteria.

H. MEDICARE is a federal government program of health insurance for persons 65 years of age or older.

## JOB STEPS

I. WORKMEN'S COMPENSATION refers to a law which guarantees that employees injured on the job are insured and their medical and/or surgical bills paid. This payment is made regardless of whether the injuries resulted from carelessness or accident. This plan also generally provides medical care and sickness benefits for workers who have an illness caused by their employment. An example of the latter would be coal miners who contract respiratory ailments from many years of working in the mines.

J. CHAMPUS is the acronym for Civilian Health and Medical Program of the Uniformed Services. It is a federal government program for DEPENDENTS of members of the Uniformed Services (Army, Navy, etc.).

K. PRIVATE HEALTH INSURANCE includes all the insurance coverages which are not funded by the federal government. This means that the individual, his/her employer or some other private source pays for the insurance. Some examples are Blue Cross-Blue Shield, Travelers, Michigan Education Service Association, Mutual of Omaha, etc.

L. The patient is always responsible for what he/she owes the doctor. Third party payment of the patient's bill depends on the type of service coverage the subscriber has paid for or the recipient is eligible for. It is the responsibility of the medical assistant to correctly bill the third party in order to achieve prompt payment to the physician. In the event that the request for payment is turned down, it is still the patient's final responsibility to pay the bill.

4. On scratch paper, write down the answer to the questions listed on the following paper (Project Page).

5. Work with a classmate, reviewing the vocabulary words. Study and review the words listed in the Word Guides of this module.

## JOB STEPS

### PROJECT

On a separate sheet of paper, write the answers to the following questions. DO NOT WRITE IN THE MOD. When you are finished, turn the answers into your instructor. Any errors you may have made will be discussed.

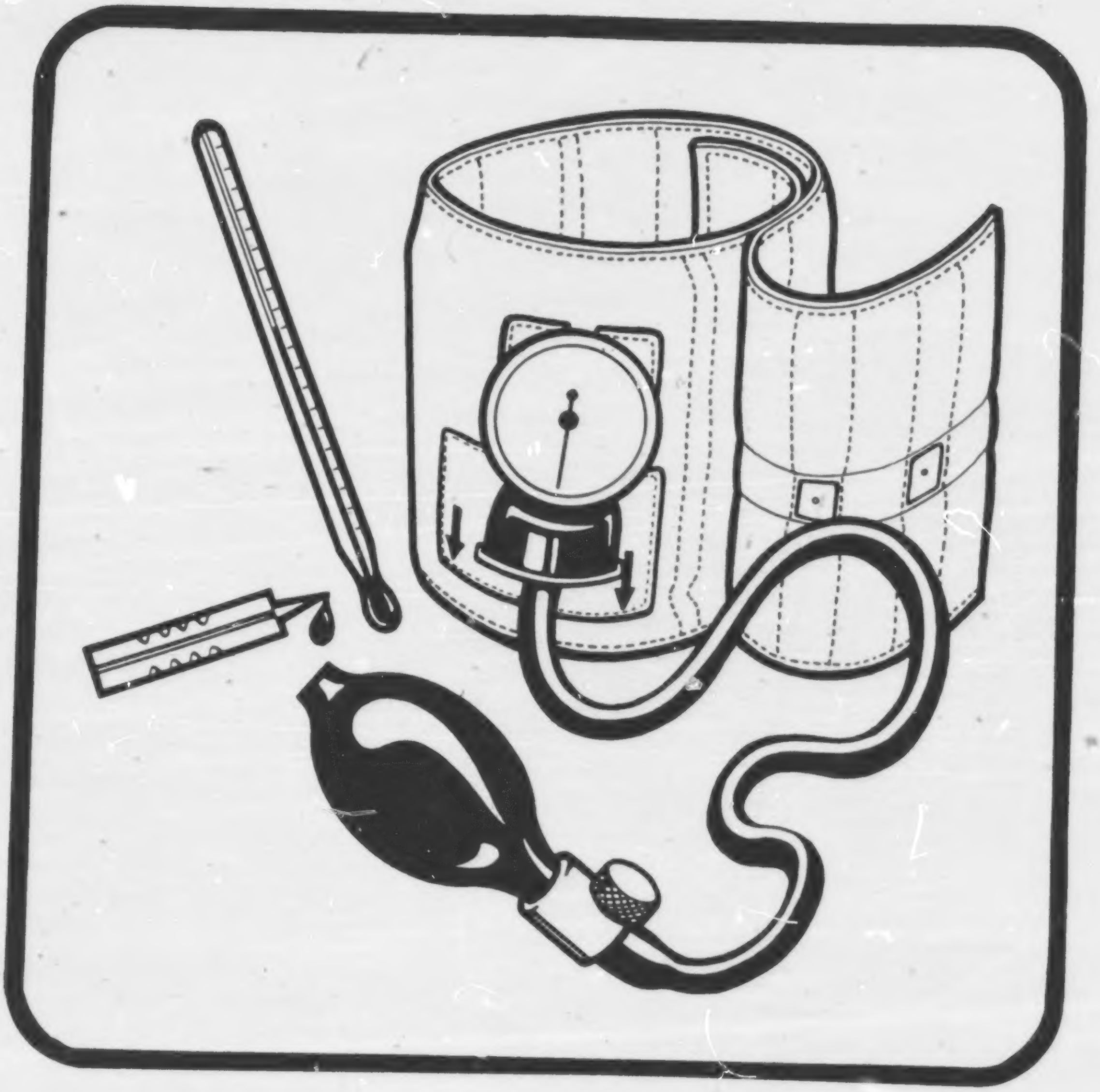
### TRUE OR FALSE?

1. The patient is responsible for what he owes the doctor if you have billed his PRIVATE INSURANCE COMPANY.
2. Only a small part of a PROVIDER'S income depends upon THIRD PARTY payment.
3. Once you have correctly learned to do THIRD PARTY billing, you will never need to learn any more about it.
4. A SUBSCRIBER always has FULL FAMILY coverage.
5. You must have a low income in order to be eligible for any government insurance program.
6. Only people over 65 years of age qualify for MEDICARE.
7. A person receiving MEDICARE can also receive MEDICAID.
8. You only need the IDENTIFICATION CARD of the SUBSCRIBER, so you can be sure they are who they say they are before you cash their check.
9. CHAMPUS is an abbreviation of the name for the government insurance plan covering members of the Uniformed Services.
10. The doctor you work for will be the PROVIDER, since he/she is the one giving or providing the service.
11. People under 65 years of age are always eligible for MEDICAID.
12. WORKMEN'S COMPENSATION would cover lung cancer produced by inhaling fumes in a plastic production plant.
13. WORKMEN'S COMPENSATION will cover the charges for suturing a laceration which was the result of a window-washer falling through a window while on the job.
14. An employer never pays for an employee's health insurance as a fringe benefit of the employee's job.
15. Dental bills and prescription drug bills are sometimes paid for by insurance.

## JOB STEPS

16-20 Name the five major health insurance plans discussed in this mod.

The mods following in the rest of unit thirteen deal with the various individual health insurance billing forms in detail.



# medical assistant

unit: THIRD PARTY BILLING

capital area career center

module: 4401 13 004 date: ____________ level: IV

skill title: Medicare or Title XVIII

developed & written by: ____________

visuals by: ____________

## WORD GUIDE

**MEDICARE** - A voluntary hospital and medical insurance program funded by the Federal Government.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to bill Blue Shield for services rendered to a patient who is covered by Medicare.

### IN ORDER TO DO THIS YOU WILL NEED:

Physician's manual, part II, Government Programs

Medicare payment form

Scratch paper and pencil

Sample case study in this module

HICDA Manual

Medical dictionary

### WE WILL KNOW YOU CAN DO IT WHEN:

You correctly fill out the request for Medicare Payment Form.

# INFORMATION

Blue Shield is the "carrier" or company through which medicare payments are made in lower Michigan. They and you will be dealing with "Part B" (medical care) benefits only. As a carrier, Blue Shield's responsibilities include determining the amount of payment, receiving funds, paying out funds, auditing records, etc.

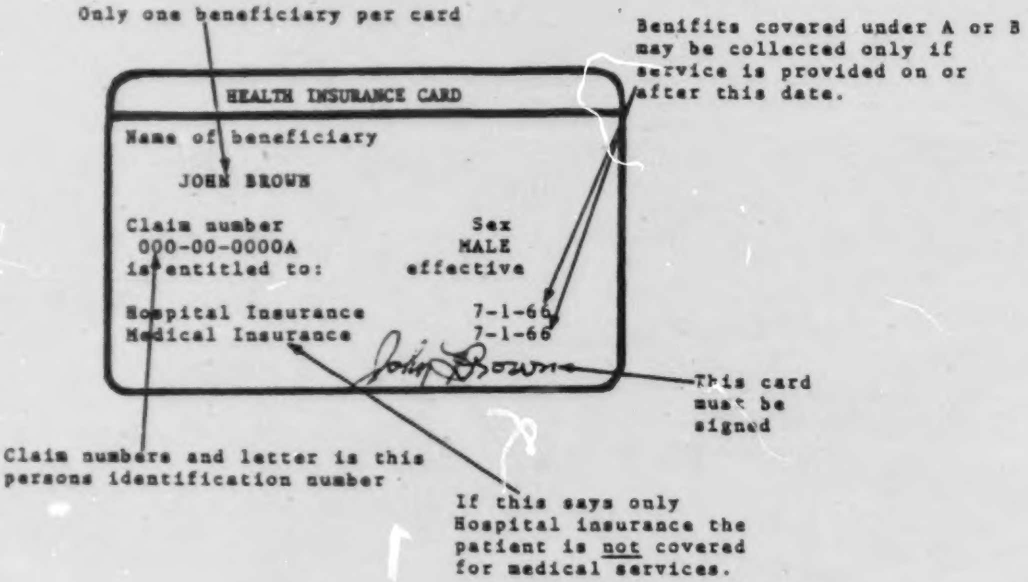
## JOB STEPS

1. Collect your materials.

2. In Physician's Manual, part II, Blue Shield, read paragraph 1, page 6. You need to know what is meant by "Satisfying the deductible". An example of this follows:

   Mr. John Newman has Medicare. From January 1, 1974 to June 26, 1974, he had $60.00 in covered medical services which he paid. This $60.00 "satisfies" Mr. Brown's "deductible". From June 27 through December 31, he had another $100.00 in services. Medicare will pay $80.00 (80%) of the $100.00. Mr. Brown will be responsible for $20.00 (20%).

3. Look at the sample medicare card.


HEALTH INSURANCE CARD
Name of beneficiary
JOHN BROWN
Claim number
000-00-0000A
is entitled to:
Sex
MALE
effective
Hospital Insurance 7-1-66
Medical Insurance 7-1-66
John Brown

Only one beneficiary per card

Benifits covered under A or B may be collected only if service is provided on or after this date.

This card must be signed

Claim numbers and letter is this persons identification number

If this says only Hospital insurance the patient is not covered for medical services.

4. Go to the file and get a copy of a "Request for Medicare Payment".

5. Part I of the claim form is used for information about the patient who is a medicare beneficiary. Use the information given in the case study to write the answers for items 1-6. Write your answers on scratch paper.

   A. line 1 - Write the patient's name just as it appears on his ID card.

   B. line 2 - Write the nine digit number plus the alphabet letter from the patient's card. Check appropriate box for patient's sex.

## JOB STEPS

C. line 3 - Write the patient's complete mailing address including ZIP code and also patient's phone number.

D. line 4 - To be used only if the patient is filling out Part I.

E. line 5 - You must list any other health insurance which the patient has.

F. line 6 - The patient's signature.

7. Read the paragraph at the bottom, back page of the form entitled "Important Notes for Physicians and Suppliers".

8. Get Cassette 13-4 #1. The cassette will provide information on how to fill out Part II.

9. When you finish listening, use the case study which follows and fill out your form. Ask questions as you work.

## CASE STUDY

Name of patient: Harvey M. Miller

Health Insurance Claim #: 378469301A

Sex: Male

Mailing address: 372 N. Madison, Holt, MI 62606

Telephone Number: 696-0000

Insuring Organization: BS Comp. 95936/8091

Policy or Medical Assistance #: 378469301

Date signed: 3/24/75

Nature of illness: Bronchopneumonia, mild - Chest pain

3/24/75 - Examination, no need for further medical care.

3/24/75 - Chest x-ray, 2 views

3/24/75 - ECG, without interpretation and report

## JOB STEPS

| | | |
|---|---|---|
| Charges: | Office call and examination | $12.00 |
| | Chest x-rays | 25.00 |
| | ECG | 25.00 |

Your employer: I.M. Frankenstein, M.D.
707 Terrible Lane
Monster, MI 79601
Telephone: 626-4390
Physician Code: XXX

10. Check the form with your instructor. Then correct any errors you may have made.

    NOTE: KEEP THE FAITH!! You have done the hardest third party billing in mods 13-2, 13-3, and 13-4. It's downhill all the way now.

11. Have your instructor check your work (See page 2 for Test and Evaluation).

13 4 7

# REQUEST FOR MEDICARE PAYMENT

440113004

Form Approved
OMB No.
72-RO730

AL INSURANCE BENEFITS—SOCIAL SECURITY ACT (See Instructions on Back—Type or Print Information)

—Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal Law.

## PART I—PATIENT TO FILL IN ITEMS 1 THROUGH 6 ONLY

hen completed, send this form to:
Michigan Medical Service 00710
Post Office Box 2201
Detroit, Michigan 48231

Copy from YOUR OWN HEALTH INSURANCE CARD (See example on back)

1 Name of patient (First name, Middle initial, Last name)

2 Health insurance claim number (Include all letters)

☐ Male ☐ Female

Patient's mailing address

City, State, ZIP code

Telephone Number

Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)

Was your illness or injury connected with your employment? ☐ Yes ☐ No

If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses and you want information about this claim released to the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address

Policy or Medical Assistance Number

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instructions on reverse where patient is unable to sign)

GN
ERE

Date signed

## PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14

7

| A. Date of each service | B. Place of service (*See Codes below) | C. Code surgical or medical procedures and other services or supplies furnished for each date given | Code | D. Nature of illness or injury requiring services or supplies | E. Charges (If related to unusual circumstances explain in 7C) | Leave Blank |
|---|---|---|---|---|---|---|
| | | | | | $ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

8 Name and address of physician or supplier (Number and street, city, State, ZIP code)

Telephone No.

Physician or supplier code

9 Total charges $

10 Amount paid $

11 Any unpaid balance due $

12 Assignment of patient's bill

☐ I accept assignment (See reverse) ☐ I do not accept assignment.

13 Show name and address of facility where services were performed (If other than home or office visits)

14 Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction)

Date signed

# medical assistant

unit: Third Party Billing

capital area career center

module: 4401 13 005 date: 8/75 level: IV

skill title: Workmen's Compensation - Medical

developed & written by:

visuals by:

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to fill out a standard workmen's compensation form for a medical patient.

### IN ORDER TO DO THIS YOU WILL NEED:

A standard form for final medical report ✓

A set of instructions (Job Steps)

A sample medical case study

A typewriter

A medical dictionary

### WE WILL KNOW YOU CAN DO IT WHEN:

You correctly fill out the form.

## INFORMATION

Read the following material contained in your classroom: Comprehensive Review for the Medical Assistant by Lawton & Foy, pp. 106-107, items marked 13 005.

## JOB STEPS

1. Collect your materials. Read the material contained in the information section.

2. Go to the file and get a copy of a Standard Form for Final Medical Report.

3. Look at the box at the upper right hand corner of the form. You do not have to fill in any of the box.

4. Turn to the case study page (6) of this module to find the information for lines one and two on the form.

5. Write down the information for lines one and two. Write all your answers on scrap paper.

6. Look at the section listing the calendar months on the form.

7. You must enter a code letter under each date of each month the patient was treated.

8. You will find the code letters directly under the calendar months on the form. See example below:

   Example: A miner with "black lung" is admitted to the hospital on March 6 and visited each day for one week. He is then discharged and seen in the office on March 22, 29, April 15, 30. You would type the letter H in the spaces to the right of March, under the numbers 6, 7, 8, 9, 10, 11, and 12. You would type the letter O to the right of March under 22 and 29 and to the right of April under 15 and 30.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | H | H | H | H | H | H | H | | | | | | | | | | O | | | | | | | O | | |
| April | | | | | | | | | | | | | | | O | | | | | | | | | | | | | | | O | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

9. Line 3 asks for the doctor's name and address. Get this information from the case study and write it on scratch paper.

## JOB STEPS

10. Look at the section with the headings "code", "Service, kind of", "No. of", etc. Read the paragraph to the right of this section. This refers to Code M.

11. Using the information in the case study, write the number of (no. of) each service listed.

12. Using the charge list attached to the case study, write the "rate" column.

13. To find the figure for the "amount" column, multiply the "no. of" by the rate.

14. Line four asks for the diagnosis.

    YOU DO NOT NEED HICDA CODES!!!

15. If there is an operation in the case study, list it on line five (5). Keep writing on scratch paper until you are ready to type.

16. Lines six through ten are self explanatory (to experts like you, who have conquered Medicaid and Blue Shield).

17. Line eleven, "signature", is for the doctor's signature.

18. Using the sample medical form and the information you have written on scratch paper, type out the form.

19. Check the form you have typed with your instructor.

20. Correct any errors you have made.

## WORD GUIDE

OPERATION - A surgical procedure.

HAIRLINE FRACTURE - A minor kind of break in a bone.

DISTAL - Farthest away from the body.

RADIUS - The bone on the thumb side of the forearm.

RE-RAY - Medical slang for repeat x-rays.

INSURANCE CARRIER - The company from which the insurance was purchased.

## CASE STUDY

Your patient, Ms. Joyce Kern, is the executive director of the Michigan Association of Munchkins. She came to your office (James Burns, D.O., 1326 N. Ohio Avenue, Mason, MI) on June 6, 1974. On her way to an appointment, she tripped over a loose carpet tile in the lobby of M.A.M. She caught herself with her right arm and is experiencing pain in her right wrist. The accident occurred on June 5, 1974 at 10:10 A.M.

Dr. Burns examined her wrist and took X-rays. Initial examination of the x-rays revealed no fracture. He then splinted the wrist, wrapped it with an elastic bandage and told Ms. Kern to return in one week. On June 7, Dr. Burns re-examined the completed X-rays and was suspicious of a hairline fracture at the distal end of the radius. He asks you to have Ms. Kern return for more X-rays. She was re-rayed on June 7, found to have the suspected fracture; a cast was then applied. She returned for a recheck on June 10 and was given permission to return to work on June 11. She returned on July 1 to have the cast removed and was discharged as cured. She brought workmen's comp forms with her and told you M. A. M.'s insurance carrier was Post Insurance Company.

Charges:

| | |
|---|---|
| office visits | $10.00 |
| X-rays (arm) | 25.00 |
| Casting of fracture | 50.00 |
| Rechecks of same complaint | 8.00 |

SAMPLE
STANDARD FORM FOR

# FINAL MEDICAL REPORT

## WORKMEN'S COMPENSATION

| | |
|---|---|
| State's<br>Number<br>For: | File: ______<br>Carrier: ______<br>Employer: ______ |
| Carrier's File No. ______ | |

*(The spaces above not to be filled in by Employer)*

---

MPLOYER ______ INSURING CO. ______

MPLOYEE ______ Age ______ Date Injured ______ 19 ______ Hour ______ .M.

DATE OF SERVICE (USE CODE LETTER)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| nuary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| bruary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| arch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pril | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ugust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ptember | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ctober | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ovember | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ecember | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Code | Service, kind of | No. of | Rate | Amount |
|---|---|---|---|---|
| O | Office Visits | | | |
| V | House Visits | | | |
| N | Night Visits | | | |
| H | Hospital Visits | | | |
| S | Operations | | | |
| X | X-Ray Pictures | | | |
| F | First Aid | | | |
| A | Anesthetic | | | |
| P | Hospital wks. days @ a wk. | | | |
| M | Other Medical Charges Itemized (a) | | | |
| | Total medical expense | | | |
| ny adjusting expense paid? (Yes or No) | | | | |

Note (a). Include any medical expense not separately listed, if in connection with treatment of case, such as consultation, drugs, dressing, ambulance, traveling, examination, assistant's fee, medical rehabilitation, nursing service, laboratory charges, fluoroscopic studies, etc. Omit any expense in connection with investigation and adjustment of the claim, such as medical testimony, examination to determine liability, autopsy, impartial examination by this Department, birth or death certificate, and traveling or X-Ray for adjusting purposes. If such expense be incurred, report it on back of this sheet.

octor's name, town ______

iagnosis ______

______

perations ______ Results ______

atient returned to work on date ______ Pronounced able to return on date ______

ischarged as cured on date ______ Refused treatment on date ______

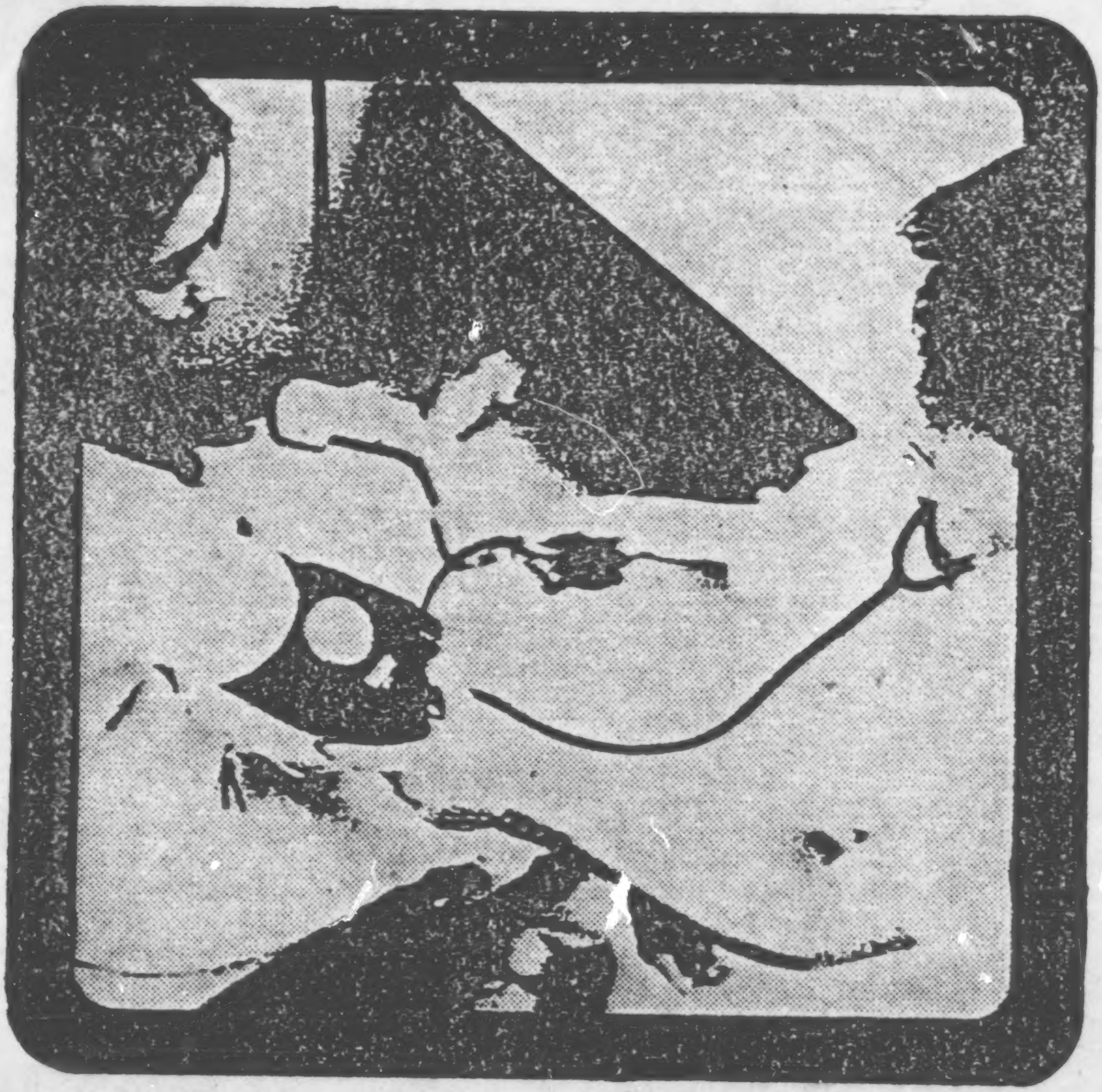
topped treatment without order on date ______ Any permanent injury? ______

escribed fully ______

his report dated at ______ on ______

Signature

11 ______



# medical assistant

unit: Third Party Billing

capital area career center

module: 4401 13 006 date: 9/77 level: IV

skill title: Workmen's Compensation, Surgical

developed & written by: Beverly Varney

visuals by:

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to fill out a standard form, the Surgeon's Report, for Workmen's Compensation.

### AND IN ORDER TO DO THIS YOU WILL NEED:

Surgeon's Report form

Set of instructions (job steps)

Sample case-study

Typewriter

Medical dictionary

### WE WILL KNOW YOU CAN DO IT WHEN:

You correctly fill out the form.

## INFORMATION

Read the following information found in your classroom:

> Lawton and Foy, Comprehensive Review for the Medical Assistant, Section on Workmen's Compensation, pages 106-107.

The reading will explain the circumstances under which you would be required to use the Surgeon's Report form and some of the problems which you might encounter.

## JOB STEPS

1. Collect your materials. Write all answers on scrap paper. Be sure to do the reading listed in the Information section. Then, read the case study listed on page 5 of this module.

2. Look at the box in the upper right hand corner. You do not have to fill in any of this box.

3. Write down the patient's name. Get the information needed from the case study on page 5 of this module.

4. Write down a description of the accident.

5. Describe the injury. Read through the whole case study. If you do not find answers, check with your instructor.

6. Describe the treatment.

7. Describe the disability example: XXX out "was" or "will be" in #20 and #21 so that you give the correct information.

8. Write down any additional remarks. Dr. Burns is licensed in the State of Michigan and graduated from the University of Iowa Medical School in 1950. His telephone is 676-1111.

9. Have your instructor check your work.

## WORD GUIDE

GROIN - The area of the body where the thigh joins the trunk.

INGUINAL - Refers, generally, to the area of the groin.

HERNIA - An abnormal "pouching out", in this case, a spot where the intestine pouches out through a weak spot in the abdominal wall.

HERNIORRHAPHY - Repair of a hernia.

## JOB STEPS

### CASE STUDY INFORMATION

The patient, Jay Davis, is an employee of Kahn Grocery Company. He is 32 years old. On September 6, 1974, he was lifting cases of canned fruit when he experienced a severe pain in the general area of his left groin. He could judge the time of day as approximately 11:00 a.m. He notified his employer of the suspected injury. The employer notified United Insurance Company, which is the insuring company for Kahn Grocery. The employer then called your office (James Burns, D.O., 1326 North Ohio Avenue, Mason, MI.) for an appointment. Dr. Burns first saw Mr. Davis on September 7, 1974 in his office. His diagnosis was left inguinal hernia. You scheduled Mr. Davis for surgery at General Hospital at 10:00 a.m. on September 10. Dr. Burns visited the patient on September 9, performed a left inguinal herniorrhaphy on September 10 and visited him on each day until his discharge on September 15. He saw Mr. Davis in the office on September 19 to remove the sutures and on October 1 to check his incision. Dr. Burns discharged Mr. Davis, as cured, to return to work on October 12, 1974. There was no permanent injury.

Dr. Burns' charges

Office visits - $10.00
Herniorrhaphy - $200.00 (Includes post-surgery hospital visits)
Post-surgery office visits - $8.00

Patient's statement regarding injury

"I was lifting a case of #10 cans of pineapple, and I felt like something popped in my left side. It started hurting me."

STANDARD FORM FOR

# SURGEON'S REPORT

WORKMAN'S COMP.

INDUSTRIAL ACCIDENT BOARD

State's Number For: | File: ______
Carrier: ______
Employer: ______

Carrier's File No. ______

*(The spaces above not to be filled in by Employer)*

**THE PATIENT**

1. Name of Injured Person ______ Age ______ Sex ______
2. Address: No. and St. ______ City or Town ______ State ______
3. Name and Address of Employer ______

**THE ACCIDENT**

4. Date of accident ______ Hour ______ M. Date disability began ______
5. State in patient's own words where and how accident occurred ______

**THE INJURY**

6. Give accurate description of nature and extent of injury and state your objective findings ______
7. Will the injury result in (a) Permanent defect? ______ If so, what? ______
(b) Facial or head disfigurement? ______
(Permanent disability such as loss of whole or part of fingers, facial or head disfigurement, etc., must be accurately marked on chart on reverse side of this report.)
8. Is accident above referred to the only cause of patient's condition? ______ If not, state contributing causes ______
9. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular system or any other disabling condition not due to this accident? ______ Give particulars ______
10. Has patient any physical impairment due to previous accident or disease? ______ Give particulars ______
11. Has normal recovery been delayed for any reason? ______ Give particulars ______

**TREATMENT**

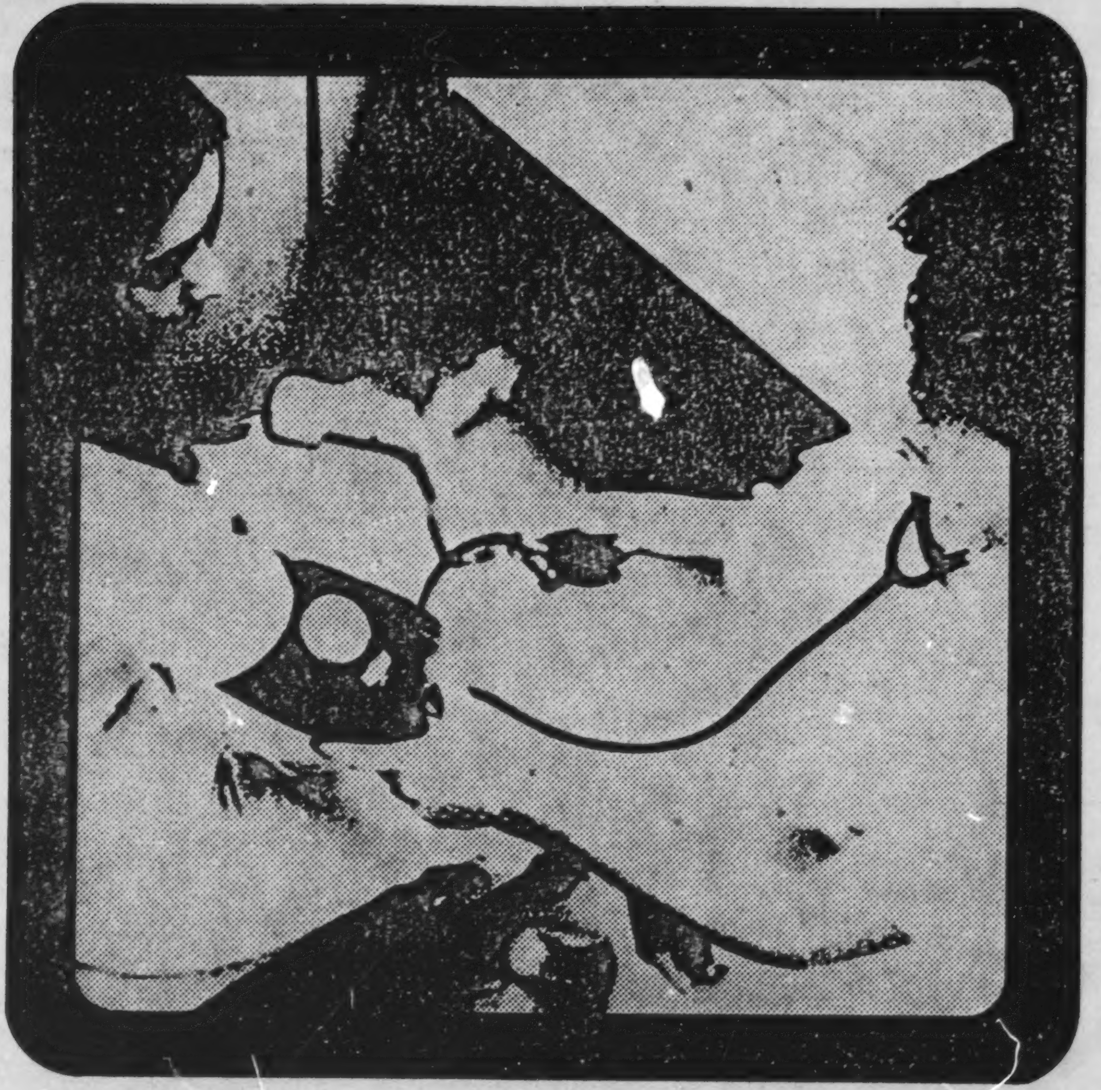
12. Date of your first treatment ______ Who engaged your services? ______
13. Describe treatment given by you ______
14. Were X-rays taken? ______ By whom? ______ When? ______
(NAME AND ADDRESS)
15. X-ray diagnosis ______
16. Was patient treated by anyone else? ______ By whom? ______ When? ______
(NAME AND ADDRESS)
17. Was patient hospitalized? ______ Name and address of hospital ______
18. Date of admission to hospital ______ Date of discharge ______
19. Is further treatment needed? ______ For how long? ______

**DISABILITY**

20. Patient was / will be able to resume regular work on ______
21. Patient was / will be able to resume light work on ______
22. If death ensued, give date ______

REMARKS: (Give any information of value not included above) ______

I am a duly licensed physician in the State of ______
I was graduated from ______ Medical School in ______ Year ______
Date of this report ______ (Signed) ______ Telephone ______
This report must be signed personally by physician. Address ______



# medical assistant

**unit:** THIRD PARTY BILLING

## capital area career center

**module:** 440I I3 007 **date:** 9/77 **level:** IV

**skill title:** THIRD PARTY BILLING USING A STANDARD MEDICAL/SURGICAL FORM

**developed & written by:**

**visuals by:**

PERFORMANCE OBJECTIVE

You are going to learn:

How to bill an insurance company using a standard medical/surgical form.

And in order to do this you will need:

The instructions and case study in this module

A medical/surgical form

A typewriter

A medical dictionary

Pencil and scratch paper

Attending Physician's Statement

We will know you can do it when:

You have correctly completed the form.

## INFORMATION

After you read the job steps, you will find all the information you need to complete the form on the sample patient's chart which is at the end of the job steps.

The following words are defined in order to help you understand the Attending Physician's Statement.

**INSURED'S NAME** - The "owner" of the policy.

**EMPLOYER** - The place the insured is employed.

**S.S. No.** - Social Security Number

**CONCEPTION** - In this case, the estimated date a woman became pregnant.

**OBSTETRIC** - To do with pregnancy

**RENDERED** - Done

**DISCHARGE** - Treatment of patient is completed, so patient is "discharged" or released from treatment.

**ANTICIPATED** - Expected

## JOB STEPS

1. Collect your materials. Write all your answers on scrap paper.

2. Go to the file and get a copy of an Attending Physician's Statement. You will find it in the folder marked "Reference for Module 4401 13 007".

3. Use the sample chart on the following page to find information for the items numbered 1-21 on the statement.

4. On scratch paper, write down what you will type in lines 1-21 of the statement.

5. Turn to the page (6) with the copy of the patient's account card.

| DATE | | CODE | CHARGE | | PAID | | BALANCE | |
|---|---|---|---|---|---|---|---|---|
| 3/30/75 | CPX, LAB - SAMUEL | | 35 | 00 | — | | 35 | 00 |
| 4/2/75 | Chk. | | — | | 35 | 00 | — | |
| 4/26/75 | Samuel | OC - Inj.<br>Sut. - Surg. | 150 | 00 | — | | 150 | 00 |
| 4/31/75 | Samuel | Rem. Sut.<br>Adj. Cast | | nc | — | | 150 | 00 |
| 5/2/75 | Wilma | OC | 10 | 00 | 35<br>8 | 00 | 152 | 00 |
| 5/24/75 | Samuel - Rem. Cast | OC | | nc | — | | 152 | 00 |
| 5/30/75 | Wilma - Hgb. - Urine | L | 6 | 00 | — | | 158 | 00 |
| 6/10/75 | Paul | ck | — | | 8 | 00 | 150 | 00 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | PAY LAST BALANCE THIS COLUMN | | | | | |

39875093793

INSURANCE CO. TRAVELERS

POLICY NO.

EMPLOYER

3234884

HOME PHONE

COLLECTION CONTROL

STATEMENTS

3/31/75

4/27/75

Billed Ins For 4/26 on 7/15/75

6/11/75

PM FORM T110 PM SYSTEMS, INCORPORATED, BATTLE CREEK, MICH. 49017

## JOB STEPS

6. You will type the information concerning charges in the area below line 21 where it says "Itemize Charges Below."

7. Check the information you have written on scratch paper with your instructor. Ask questions if you have any.

8. Type the information onto the Attending Physician's Statement. Then, check the completed form with your instructor.

9. Correct errors, if any.

Congratulations! You have completed the "insurance form" mods.

## ATTENDING PHYSICIAN'S STATEMENT

This is similar to the Insurance Forms which many companies use. It is not exactly like any of them, but will give you basic skill needed to complete most forms.

1. ______________________________ Insured's Name
2. ______________________________ Address
3. ______________________________ Patient's Name, Age & Relationship
4. ______________________________ Employer of Insured
5. ______________________________ Address of Employer
6. ______________________________ Employer's I.D. No. or S.S. No. of
______________________________ Insurance
7. ______________________________ Insurance Company Name
8. ______________________________ Policy No. & Group No. of Insured
9. ______________________________ Address of Insurance Company
10. ______________________________ If Due to Pregnancy give date of
______________________________ conception
11. ______________________________ Date of Accident or Illness
12. ______________________________ History of Accident or Illness if
______________________________ connected to Patient's Employment
13. ______________________________ Date & Nature of Surgery or
______________________________ Obstetric Procedure (describe fully)
14. ______________________________ Diagnosis (describe fully)
______________________________
15. ______________________________ Treatment or Service Rendered
16. ______________________________ Where Performed?
17. ______________________________ If in Hospital, Name of Hospital
18. ______________________________ Date of Discharge, "In" or "Out" Patient
19. ______________________________ If X-Ray Taken by whom? Findings?
20. ______________________________ Date able to return to work.
______________________________ a. Light b. Regular
21. ______________________________ Is further treatment anticipated?
______________________________ Explain.

ITEMIZE CHARGES BELOW:

__________________________________________________________________

Signature of Attending Physician ________________ Date ____________
I hereby authorize payment directly to: __________________________
Signature of Insured _____________________________________________

INSURED

I hereby authorize ______________________________ to furnish to the ________________________ all information which said company may request concerning my present injury or illness.

______________________________ Seal
______________________________ Date

NAME Cutterback, Samuel B. SPOUSE or FATHER Wilma

INS BB 398750937BB TRAVELLERS BIRTHDATE 3/26/42 AGE 33

SEX M ADDRESS 2121 Hansen Blvd. CITY Lansing ZIP 489

S.M.W.D. M S.S. # 379-06-3434 TELEPHONE NUMBER 517-3234884

OCCUPATION maintainence - Oldsmobil ALLERGIES Dust & Molds

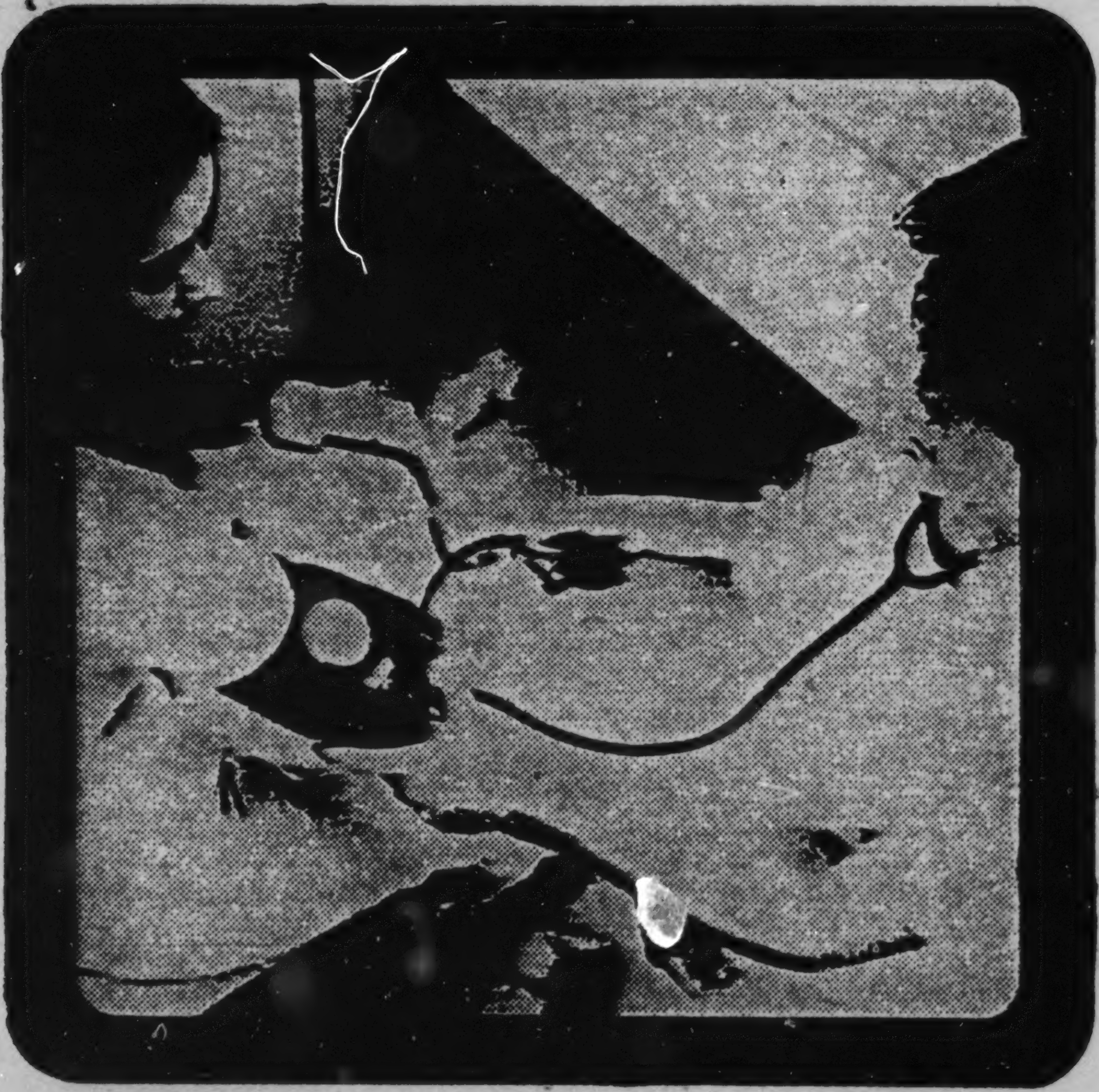
3/30/75 Initial Visit
T. 98 P. 68 R. 20 BP 140/88 Ht: 6'1" Wt: 187½#
Hgb: 14 Gm. U.A. - S c̄ A neg, ph 6, prot. neg.
CC: Routine px
Px: Head c̄ neck - partial alopecia
T c̄ A - 1952
Chest - Clear to P c̄ A
Heart - Normal R c̄ R.
Neuromuscular - Reflexes normal
Some low back pain - no X-Rays
Extremities - Normal
Abdomen - Appendectomy 1960 - McBurney's incision
Genitalia - Normal ♂
Rectum - Small hemorrhoids at 5 o'clock

Dx: Normal male - no problems.

4/26/75 Patient fell from ladder at home while trying to repair roof. Three inch laceration of left ankle. X-Ray reveals fracture of distal portion of R. ulnal. Laceration sutured with 00 black silk. Lower arm cast to right hand, wrist and arm.

4/31/75 Sutures removed. Fingers slightly edematous. Cast bivalved and wrapped c̄ ace bandage.

5/24/75 Cast removed. Discharged to return to full activity.



# medical assistant

**unit:** Third Party Billing

## capital area career center

RJ

**module:** 4401 13 009 **date:** 12/76 **level:** IV

**skill title:** How to Find Out if a Person's Bill Should be Sent to Medicaid

**developed & written by:** Beverly Varney

**visuals by:** Mary Ann Gamel

MEDICADE
I.D.

## PERFORMANCE OBJECTIVE

## YOU ARE GOING TO LEARN:

How to find out if a person's bill should be sent to Medicaid.

## IN ORDER TO DO THIS YOU WILL NEED:

Medicaid Practitioner Manual

Sample Medicaid Cards

## WE WILL KNOW YOU CAN DO IT WHEN:

You correctly write the answers to the project.

## INFORMATION

You cannot bill Medicaid without information from the Medicaid ID card.

There are people who try to have you send their bills to Medicaid when they should pay the bill themselves.

There is information you must get from a person's Medicaid ID card to be certain the billing form is correct.

Read the following information before you begin this module: Medicaid Practitioner Manual, Chapter 2, pages 1-10.

## WORD GUIDE

**MEDICARE** - A government sponsored insurance for people over 65 years of age and some disabled people.

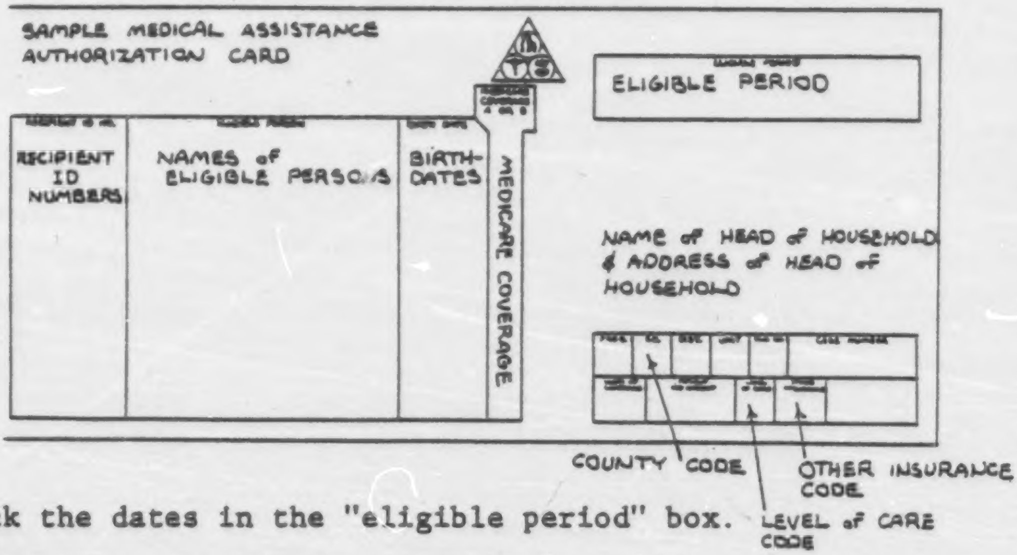
**ELIGIBLE PERSON** - A person who can have health care paid for by Medicaid.

**RECIPIENT** - A person who receives Medicaid.

**HEAD OF THE HOUSEHOLD** - The person responsible for the rest of the family.

## JOB STEPS

1. Collect your materials and read the pages listed on the Information page.
2. The following is a summary of the steps to follow when checking a Medical Assistance Authorization card. Carefully read the information which follows this illustration.


SAMPLE MEDICAL ASSISTANCE AUTHORIZATION CARD
ELIGIBLE PERIOD
RECIPIENT ID NUMBERS
NAMES of ELIGIBLE PERSONS
BIRTH-DATES
MEDICARE COVERAGE
NAME of HEAD of HOUSEHOLD & ADDRESS of HEAD of HOUSEHOLD
COUNTY CODE
OTHER INSURANCE CODE
LEVEL of CARE CODE

A. Check the dates in the "eligible period" box.

B. If the dates are for the month during which the service was provided, check to see if the patient's name is listed under "eligible person".

C. Make a copy of the card with your copy machine. If your office does not have a copy machine, write down the patient's last name, middle initial, first name, sex, birthdate, the relationship to the head of the household, and the address of the head of the household. Check the box marked "other insurance". Write down the number in that box. Write down the "recipient ID number" next to the patient's name. Check the county code box and write down that number.

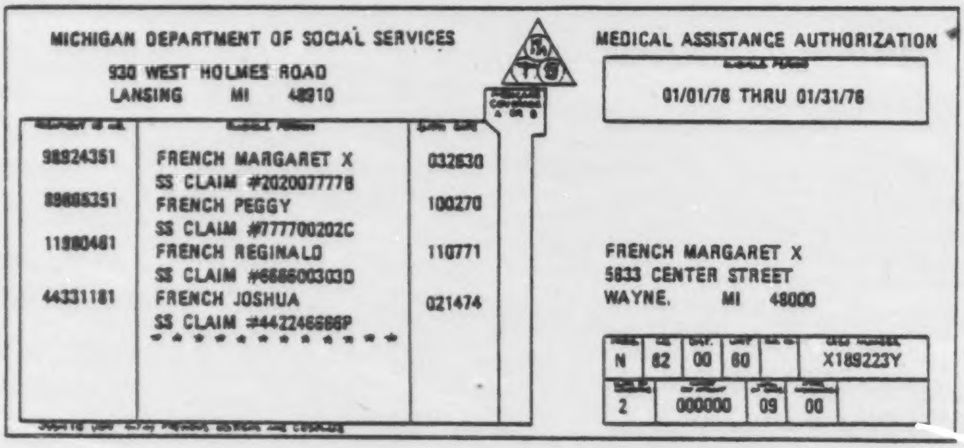
## JOB STEPS

D. Turn the card over and check to make sure the card is signed by the recipient or the adult responsible for the recipient.

NOTE: There are many times when only one or two family members receive Medicaid. For instance, a father might not be an eligible person, but he might be the adult responsible for his two children who are eligible persons.

3. Be sure you know where to look for each piece of information listed in step #2. If you do not understand, ask your instructor for help.

4. Complete the project listed on the following pages. Write your answers on scrap paper and show all work to your instructor when finished.



MICHIGAN DEPARTMENT OF SOCIAL SERVICES
930 WEST HOLMES ROAD
LANSING MI 48910

MEDICAL ASSISTANCE AUTHORIZATION

01/01/76 THRU 01/31/76

| | | |
|---|---|---|
| 98924351 | FRENCH MARGARET X<br>SS CLAIM #2020077778 | 032630 |
| 89885351 | FRENCH PEGGY<br>SS CLAIM #777700202C | 100270 |
| 11980461 | FRENCH REGINALD<br>SS CLAIM #666600303D | 110771 |
| 44331181 | FRENCH JOSHUA<br>SS CLAIM #442246666P | 021474 |

* * * * * * * * * * * *

FRENCH MARGARET X
5833 CENTER STREET
WAYNE. MI 48000

| | | | | | |
|---|---|---|---|---|---|
| N | 82 | 00 | 60 | | X189223Y |
| 2 | 000000 | 09 | 00 | | |

Look at Figure 2. This is a sample Medicaid form. List the following information you will need to bill Medicaid for services provided to Peggy French.

1. The date of service to Peggy is January 22, 1976. Check to see if the ID card is all right to use. Write the "eligible period" on scratch paper.

2. Write the patient's last name.

3. Write the patient's middle initial.

4. Write the patient's first name.

5. Write the patient's sex.

6. Write the patient's birthdate.

## WORD GUIDE

COUNTY SOCIAL SERVICES - The county office that decides who can get Medicaid.

## JOB STEPS

7. Write the patient's relationship to the head of the household.
8. Write the address of the head of the household.
9. Write down the number of the other insurance. Look on Page A-7, Appendix C. Practitioner Manual and find the name of the other insurance. Write the name.
10. Write the recipient ID number.
11. Write the number for the county code. Look in Appendix A, Page A-Z of the Practitioner Manual. Write the name of the county for the code number.
12. On scrap paper, answer the following questions.

QUESTIONS:

1. Medical Assistance Authorization Cards are issued on a __________ basis.
2. How many cards are issued to each family?
3. Would you contact the County Social Services office if you had a question about eligibility? Why or why not?
4. Since the Medical Assistance Authorization Card is only good for one month, what is the first thing you should always check on a patient's card?
5. If a patient has a card which says *** DENTAL ONLY *** will you be able to bill Medicaid for physician's services?
6. The first person listed on the card shown on Page 4, Chapter II of the Practitioner Manual, is Tom Smith. The first person listed is always the head of the household. Which Recipient ID number do you use to bill Medicaid for Tom Smith? For Jane Smith?
7. Which two people in the Tom Smith household also have Medicare? How did you know?
8. What month and year is this sample card good for?
9. Look in the Appendix A, Page A-2, in the Practitioner Manual. What county does 33 indicate?

## JOB STEPS

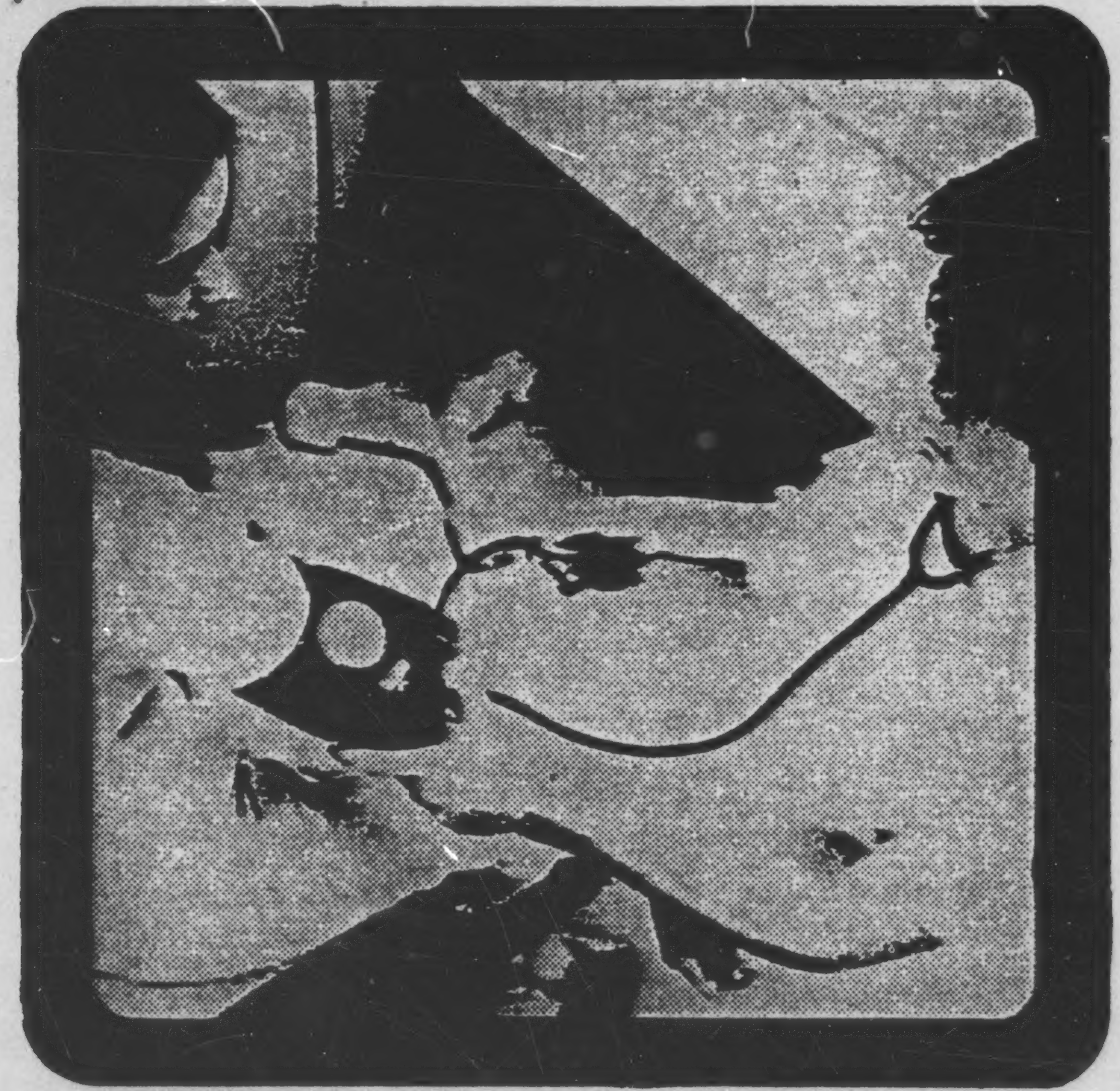
10. The case number on the card is K5322981A. Do you use this when you bill Medicaid?

11. A card which has a level of care 07 is for __________ only.

12. Look on page A-7, Appendix C, Practitioner Manual. What code would appear in the "other insurance" box if the patient had Travelers Insurance health coverage?

13. You should always check the reverse side of the Medical Assistance Authorization Card for __________.

14. What can you do if a person says he/she has Medicaid but does not have a card?



# medical assistant

**unit:** Third Party Billing

## capital area career center

**module:** 4401 13 010 **date:** 1/77 **level:** IV

**skill title:** How to Fill Out a Michigan Medical Claim Form for Medicaid Billing

**developed & written by:** Beverly Varney R.N.

**visuals by:**

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to fill out a Michigan Medical Claim form for Medicaid billing.

### AND IN ORDER TO DO THIS YOU WILL NEED:

Michigan Uniform Procedure Code Manual (MUPC)

HICDA Manual

3 Michigan Medical Claim Forms (MMCF)

3 Case Studies from your instructor

Scratch paper and pencil

Typewriter

White correction fluid

### WE WILL KNOW YOU CAN DO IT WHEN:

You correctly type the required information on the three Michigan Medical Claim Forms.

# INFORMATION

The MMCF is read by a computer when you mail it to Medicaid. If you do not follow the rules on these pages, the computer will have the form sent back to you. This will cause you extra work and will delay the payment to your employer.

Review these modules if you do not remember how to do diagnosis codes and/or procedure codes.

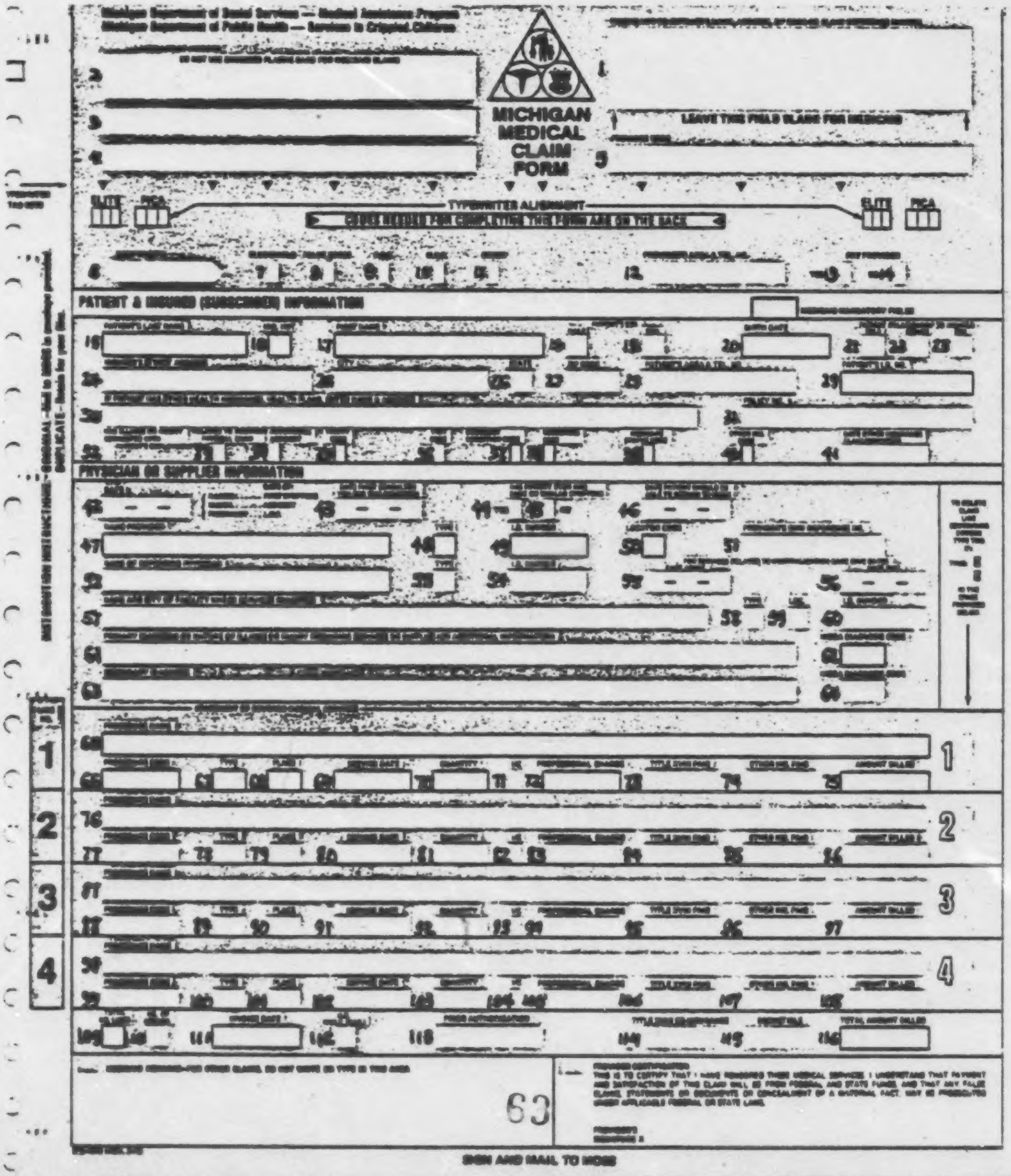
Review the following modules:

4401 13 013
4401 13 014

Read the following information:

Medicaid Practitioner Manual, Chapter IV, Pages 32-35

Michigan Claim Form



Michigan Department of Social Services — Medical Assistance Program
Michigan Department of Public Health — Services to Crippled Children

MICHIGAN
MEDICAL
CLAIM
FORM

LEAVE THIS FIELD BLANK FOR MEDICAID

TYPEWRITER ALIGNMENT

ELITE PICA

CODES NEEDED FOR COMPLETING THIS FORM ARE ON THE BACK

PATIENT & INSURED (SUBSCRIBER) INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1
2
3
4

SIGN AND MAIL TO MDSS

## JOB STEPS

1. Collect your materials.

2. Go to the classroom and get one Michigan Medical Claim Form (MMCF) to refer to as you read.

3. Find item 1 at the top right of the form. It is labeled "Claim reference number." Do not fill in this section. When you mail the form, the Michigan Department of Social Services (DSS) will place a number in this box. The only time you will use it is for a reference number if there are questions about the information on the form sometime later.

4. Find items 2 through 14 at the top of the form. Leave all of these blank.

5. Look at the next section on the MMCF. It says Patient & Insured (subscriber) Information at the top.

6. Find spaces 15, 16, 17. Type the patient's last name in 15, the patient's middle initial in 16 and the patient's first name in 17.

7. Find spaces 18 and 19. You will leave these blank.

8. Find space 20. It is for the patient's birthdate. Remember you must use a six digit number with no dots, dashes, or slashes. For example, if the birthdate is January 21, 1976, you will type 012176 or 01 21 76. If you type 01-21-76 or 01/21/76, the entire form will be sent back to you.

9. Find spaces 21 through 28. These may be left blank. If you wish to complete them for your own use (such as a quick reference sometime in the future), you may do so. For this module, DO NOT fill in this section.

## JOB STEPS

10. Find space 29. It is for the recipient ID number. It must be typed EXACTLY as it is shown on the Medical Assistance Authorization card. It must have EIGHT DIGITS. Look at the sample in the Practitioner Manual, Chapter II, page 4. What is Robert Smith's ID number? If your answer is 16408911, you are correct.

11. Find Space 30. Fill it in only if the patient has some other kind of health insurance. This will be used when some other insurance has paid or will pay part of the cost for the service that you are billing for Medicaid.

12. Find space 31. It is for the policy number of the insurance named in space 30.

13. Find spaces 32 through 34. Leave these blank.

14. Find space 35. It is for the injury code. Turn over your MMCF and look at the back of the yellow sheet. You will see next to the red number 35, a list of codes to use. You probably will understand them. If you do not understand, ask your teacher questions. Choose the code which is right for the diagnosis and treatment of each individual case study you do.

15. Find space 36. Leave it blank.

16. Find space 37. This information is on the back of the yellow sheet. Emergency is defined as anything which will result in loss of life or in permanent injury if not treated right away. Anything else is a non-emergency. Choose the correct code and enter it in space 37.

17. Find space 38. It asks you to enter a code telling if the recipient has any other kind of insurance or other help for paying the bill. Turn to the back or the yellow sheet. In most cases, you will use Number 1, which means that Medicaid is the only resource (help). If there is another resource, you must first bill that resource.

## JOB STEPS

18. Find space 39. It asks if the recipient has Medicare as well as Medicaid. Again, in most cases, use Number 1.
If the patient has Medicare coverage, you must first bill Medicare.

19. Find space 40. It tells Medicaid why you are billing them if you did not use Number 1 as the code in spaces 38 and/or 39. If you have billed another insurance and nearly six months have passed without that insurance making a payment, you should go ahead and bill Medicaid and place "7" in this space. You should then place the date you billed the other insurance in space 41. Use number one in space 40 for persons who do not have other health insurance or Medicare.

20. Look at space 41. It is for the date, as just explained above. (Remember to use six digits, no slashes, dashes, dates.)

21. Look at the next section, PHYSICIAN OR SUPPLIER INFORMATION. This contains information about the physician and about the diagnosis of the recipient.

22. Find space 42. You will enter the date of the accident, if services are related to an accident. You will fill this in only if you coded 2, 4, or 5 in space 35.

23. Find spaces 43, 44, 45, and 46. These are optional and do not need to be completed.

24. Find spaces 47, 48, 49, and 50. These are completed before the forms are mailed to you. For this module only use the information provided in the case studies and type that information in the spaces. You will put the doctor's name in 47, the "type" in 48, his/her ID number in 49 and the county locator code in 50.

25. Find space 51. It is for the provider's (your doctor's) reference number. It may be a case number, or the patient's last name, etc.

## JOB STEPS

It must not be more than ten letters and/or numbers. You may leave it blank if no case number is listed on your records.

26. Find space 52. If the recipient was sent to your doctor by another doctor, you will type that referring doctor's name here.

27. Find space 53. It asks you to code the type of doctor who referred the patient. See the code list on page 47, Chapter IV of the Practitioner Manual for these code numbers.

28. Find space 54. If the referring doctor is a Medicaid participant, you will need to call his office and get his Medicaid ID number (it will have seven digits) and enter it here. If he does not accept and care for Medicaid patients, enter "888888."

29. Find spaces 55, 56, 57, 58, 59, 60. They are optional and for your use only if you wish to use them. For this module leave them blank.

30. Find spaces 61 (and 63). These ask for the name of the diagnosis. If there is only one diagnosis, you will use only space 61. If there is a secondary diagnosis, that name will go in space 63.

31. Find spaces 62 and 64. These ask for the HICDA diagnosis code. Remember you do not use the decimal point which is used in the HICDA manual.

32. Look at the next section of the form, STATEMENT OF COVERED MEDICAL SERVICES. This information will tell Medicaid what the doctor did for the patient and what charges were made.

## JOB STEPS

33. Find space 65. This is for the name of the service given to the patient. Spaces 76, 87, and 98 are for additional services or procedures.

34. Find space 66. This is for the procedure code from the MUPC. Remember, if you are using a NOC code you must give a complete description of the procedure in space 65 (or 76, 87, 98) and continue the description in the remarks section at the bottom of the claim form.

35. Find space 67. This is for the type of service code. Turn to the yellow back of the MMCF. You need to find the number to use in space 67 (or 78, 89, 100). You can do this by looking at the procedure name or service given which you used in space 65 (see job steps 33).

    Some examples are:

    Delivery of a baby is maternity or code 3

    Thyroidectomy is surgery or code 2

    A physical exam is medical or code 6

    These codes are also found in the Practitioner Manual, Chapter IV, pages 50 and 51.

36. Space 68 (and 79, 90, 101) ask where the service took place. These codes are found on the back of the yellow sheet. The reocrd for the patient which you will have in your office will contain this information. For this module get it from the case studies.

37. Spaces 69 (and 80, 91, 102) are for you to type the date the service was provided. This information is in the pot of gold at the end of the rainbow----just checking to see if you're still awake--the information is in the case study. When there are multiple services, such as a series of hospital calls, use the last date for the time period.

## JOB STEPS

38. Spaces 70 (81, 92 and 103) ask how many times the service was provided. For instance a T & A is only done one time so you would type "1". Hospital visits are done more than once so you must count the days the patient was actually visited and type that number in the space.

39. Spaces 71, (82, 93, 104). "I/C" stands for "individual consideration". Sometimes your doctor feels he should be paid more than the usual fee because of the amount of skill required, the cost of medications or some other reason. If this is true, you will check the I/C boxes. You must then attach to the form written proof such as a copy of the invoice for the higher priced medication or a detailed report of a complicated procedure.

40. Spaces 72 (83, 94, and 105) are for you to type the amount the doctor charges for the service. Do not use decimals or dollar signs. For example, ten dollars will be typed 10 00 not $10.00.

41. Spaces 73 (84, 95, and 106) If the patient has Medicare and it has paid, type the amount paid. If not, leave this space blank. (You will not use this unless you coded "5" in space 39.)

42. Spaces 74 (85, 96, and 107) If the patient has other insurance, and that insurance company has paid you or the patient, you must type that amount in this space. (You will not use this space if you coded 1 in box 38 or if you coded 1, 2, 6, or 7 in box 40.)

43. Spaces 75 (86, 97, 108) are for the amount you are actually billing for. You must subtract any amount entered in 73, (84, 95, 106) and/or in 74, (85, 96, or 107) from the amount in the corresponding 72, (83, 94, or 105).

## JOB STEPS

For example:

You have entered 110 00 in box 72

You have entered 65 00 in box 73

You have entered 30 00 in box 74

Add 65 and 30 from boxes 73 and 74 to get 95

Then, 95 subtracted from 110 = 15 so

You would type 15 00 in space 75

44. Space 109 asks you how many lines (with the large numbers 1, 2, 3, 4 in red at the left) you have used. Type that number in space 109.

45. Space 110 asks you how many pieces of paper you have attached. If you do not attach any papers, leave it blank.

46. Space 111 asks you for the date you prepared the form. Remember to type six digits with no dashes, slashes, etc.

47. Space 112. Do not type anything here.

48. Space 113. Prior authorization is when you have a letter from the Michigan Department of Public Health giving you permission to perform a certain service before you do it. That prior-authorization letter will have a number on it. Type that number here. Otherwise leave this blank.

49. Space 114. If your patient has Title XVIII Co-insurance (Medicare) you will enter the exact amount of the Co-insurance as it is shown on the Medicare voucher.

## JOB STEPS

When you learn Medicare billing you will find out that Medicare pays only 80% of the charge made and the patient pays 20%. Space 114 will contain the figure that amounts to 20% of the charge which was made. In other words you are billing Medicaid for the part Medicare did not pay.

50. Space 115. If the patient has Medicare and Medicare has paid part of this charge it will show on the patient's "Explanation of Medicare Benefits" form. Type the amount from the line on the Medicare form, which says "This went toward the deductible, " in space 115 of the MMCF form.

51. Space 116. This is the sum of spaces 75, 86, 97 and 108. This gives you the total amount which you are billing Medicaid for. Remember you do not use decimals or dollar signs.

52. Space 117 is for explaining any unusual entries on any other part of the form or for noting attachments to the form. Type any such information in this space.

53. Space 118 is for the doctor's signature, or your signature if you are his authorized representative.

54. Now--you are either ready to ask "Who ever wanted to be a Medical Assistant anyway" or, to "bite the bullet," "accept the challenge," "hang in there" or whatever. Ask your instructor for three case studies and proceed.

55. Read the information on the case studies and decide what information you will use in each blank. Follow through steps 1 through 53. Write the information you will need to type on scratch paper.

56. Check the information with your instructor to be sure it is correct.

## JOB STEPS

57. Review pages 31-35 of Chapter IV in the Practitioner Manual if you do not remember the special typing rule.

58. Type the information from each of the three case studies onto a MMCF.

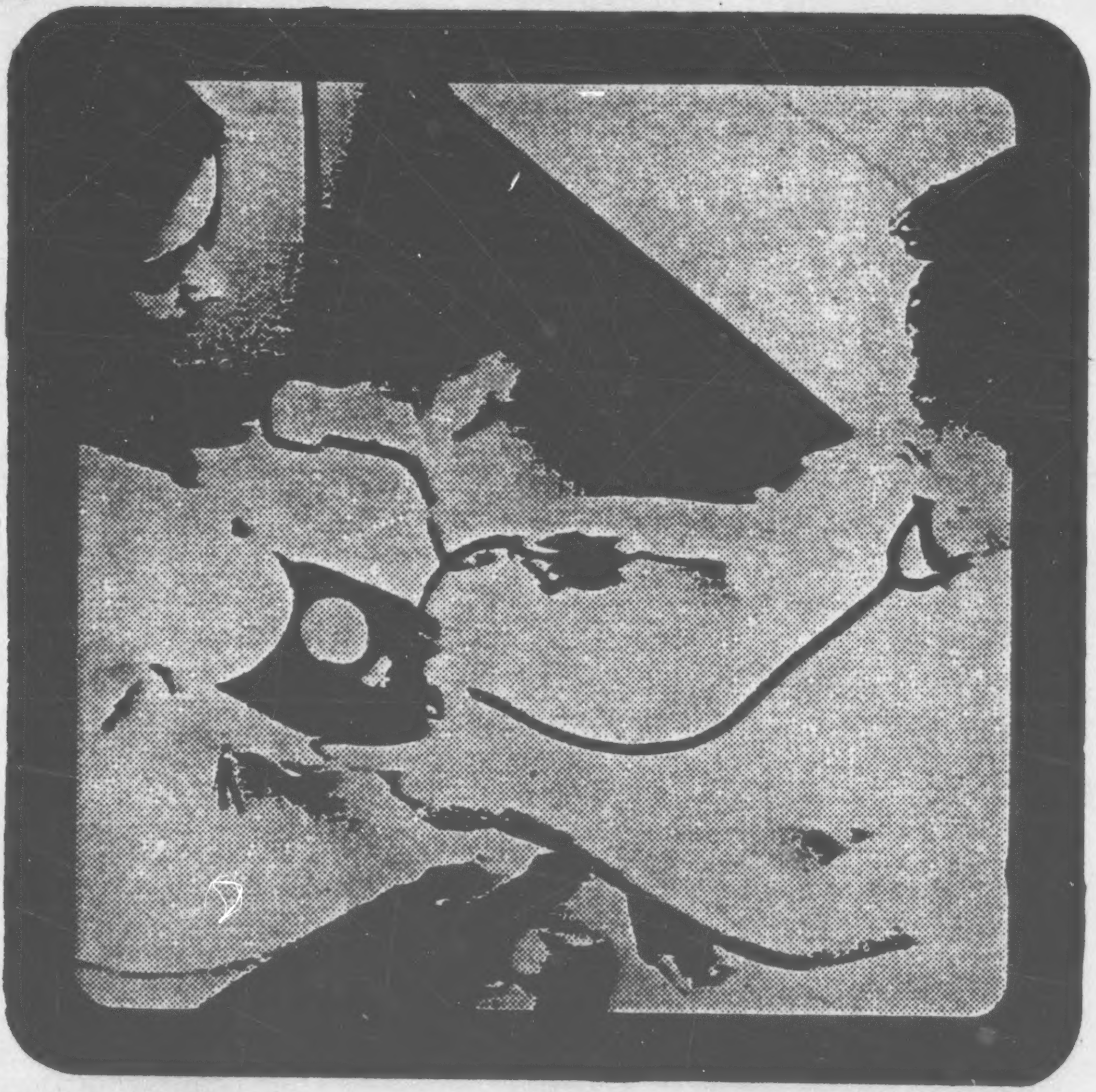
59. Check the completed forms with your instructor.

CONGRATULATIONS! YOU ARE NOW A BONAFIDE MEMBER OF

M.A.W.G.O.M.

(Medical Assistant's Who've Groaned Over Medicaid)

Now have your instructor check your work.
(See page 2 for Test & Evaluation.)



# medical assistant

**unit:** Medical Typing

## capital area career center

**module:** 4401 13 011 **date:** 8/77 **level:** III

**skill title:** How to Find Out if a Person's Bill Should be Sent to Blue Shield

**developed & written by:** Beverly Varney

**visuals by:**

## WORD GUIDE

BILL - A statement of the amount of money a person owes.

BLUE SHIELD - A prepaid, voluntary, medical insurance.

SERVICE - The procedure or what was done for the patient.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to find out if a person's bill should be sent to Blue Shield.

### AND IN ORDER TO DO THIS YOU WILL NEED:

*Blue Shield Manual*, Part I

A set of sample service codes

A set of sample services

Pencil

Paper

Cassette, 13-3 #1

Blue Shield identification card

*Physician's Manual*, Part I

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You can decide if the service is covered by the service code for Blue Shield.
2. You correctly answer the questions to this module.

## INFORMATION

In order to understand all of the parts to this module, you must first complete module 4401 13 002.

Most people are not sure what services their insurance pays for, and they may sometimes have questions. You should know how to help a person by finding the answers for him/her. You don't want to waste time billing Blue Shield for a service which is not covered.

You do not need to memorize any information in this module. The purpose of this mod is for you to understand how to use the books in a doctor's office which help you to find the answers to questions about services.

One complicated thing to remember is the MVF (Michigan Variable Fee) for Blue Shield. For Blue Shield purposes Michigan is split up into 4 areas.

I Metropolitan Detroit
II Counties in the lower peninsula having cities with a population of 50,000 or more
III Counties in the lower peninsula with cities less than 50,000
IV The upper peninsula

Each of these four areas may have a different payment schedule. That is, the rates Blue Shield pays the doctor may be different. These rates are based on the following items:

1. Customary - The most common charge in that area for a service by an individual physician.

2. Prevailing - The most common charge by physician of similar skills and experience.

3. Reasonable - A medical society committee has judged the rate to be fair.

Example:

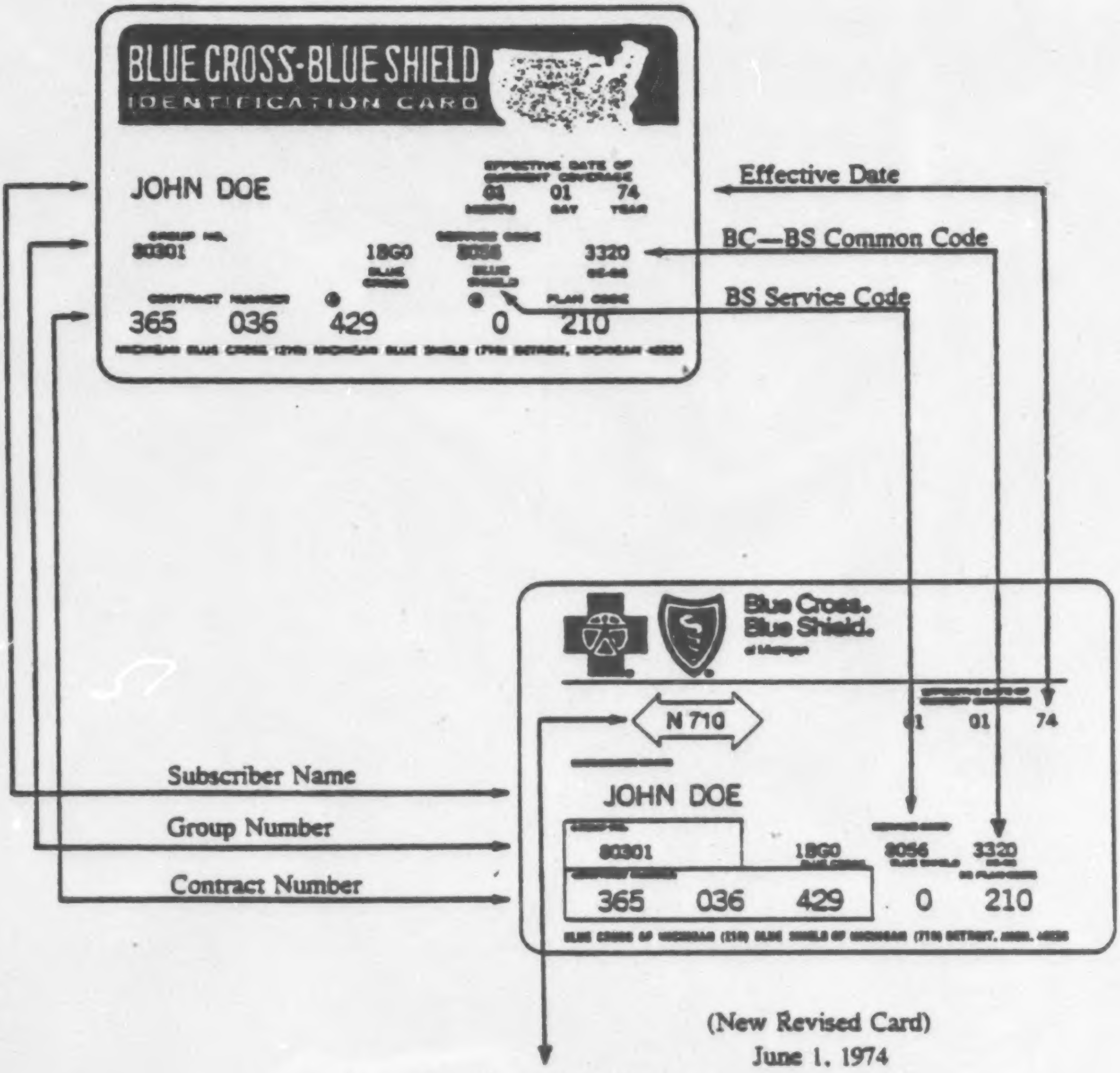
> A physician in area I may receive $150 for a surgical procedure and an upper peninsula physician might receive $75 for the same procedure. This is because it is: 1) customary, 2) prevailing and 3) reasonable.

The Blue Shield identification card is a plastic "charge card" for individuals who have subscribed to a Blue Shield plan.

## INFORMATION

Get cassette 13-3 #1 from the file and listen to it. The cassette will explain the information listed on the card. Ask your instructor any questions you may have.

Read Part I in the Physician's Manual, page 99.


BLUE CROSS-BLUE SHIELD
IDENTIFICATION CARD
JOHN DOE
01 01 74
80301
18G0
8056
3320
365 036 429
0
210
Effective Date
BC—BS Common Code
BS Service Code
Blue Cross.
Blue Shield.
N 710
01 01 74
JOHN DOE
80301
18G0
8056
3320
365 036 429
0
210
Subscriber Name
Group Number
Contract Number
Reciprocity Arrow

(New Revised Card)
June 1, 1974

## WORD GUIDE

SERVICE CODE - A number given to a certain set of services.

CONTRACT - The legal agreement between Blue Shield and the patient.

RIDERS - A rider is an extra coverage the person buys. The basic insurance policy is sort of like a car with no accessories.

## JOB STEPS

1. Collect your materials. Be sure to read all the information contained in the information section of this module.

2. To check to see what services are covered under service code 7009, turn to page 103 in the Physician's Manual and find number 7009. You will see that 7009 is a MVF 1 contract with ML and CO riders.

3. Turn to page 71 in the Physician's Manual. Pages 71 through 76 tell you the details of what Blue Shield will pay for under an MVF 1 contract.

4. Read pages 71 through 76 and answer the following questions on scrap paper. Check your answers with your instructor.

   Questions about MVF 1 contracts:

   a. Look on page 73. Does an MVF 1 contract pay 100% of the charges for an ECG?

   b. Look on page 72. If a patient is referred to your employer for a consultation by the physician in charge of his/her case, will Blue Shield pay for this?

   c. Look on page 74. If your employer treats a patient in his/her office for a medical diagnosis illness, will Blue Shield pay for it?

   d. Look on page 75. If your employer performs surgery on a patient in his/her office, will Blue Snield pay for it?

## WORD GUIDE

RESTRICTION - A limit or an exclusion. This is most often something either not covered or only partly covered by the policy.

$5 OR 10%, WHICHEVER IS GREATER - A restriction on some services. If the charge for an x-ray was $25.00 the patient would have to pay $5 because 10% of $25.00 = $2.50 and $5 is the greater amount.

## JOB STEPS

e. Look on page 74. If a patient is pregnant and your employer cares for her before, during and after delivery, will Blue Shield pay her total bill? If "no", will they pay part of her bill? Which part? Can the patient get coverage for the other benefits? How?

5. To understand what the ML and the CO riders mean, turn to page 132 in the Physician's Manual.

NOTE: Rider ML means that the person who buys this extra coverage does not have to pay the first $5 or 10% even if it says under the MVF 1 list that he/she does.

6. Turn back to page 73. Look at EKG, under "restriction". It says that MVF 1 Blue Shield will pay for this service but the patient must pay the first $5 or 10%, whichever is greater. This restriction is also listed under Laboratory & Pathology and under X-ray. The 7009 service code tells you the patient will not have to pay this because he/she "bought" the MVF 1 contract and then also "bought" the ML rider.

NOTE: Rider CO tells us that the 270 day waiting period rules under Obstetrics (page 74) will not apply. In other words, the contract need not be in effect for 270 days before delivery.

7. Section G (pages 97 through 133) of the manual contain the information you need to decide what services are covered by which service codes. Find the answers to these questions and write them on scrap paper. Check your work with your instructor.

## JOB STEPS

Use Service code 8040 (page 112)
    MVF - 2 (pages 77 and 110)
    Riders (page 132)
        ML
        PD
        CB-2
        FAE
    MVF Exclusions (page 83)

a. Does MVF-2 pay for pre- and post-partum care?

b. Does a person who has service code 8040 have to pay 10% of the charges for ECG?

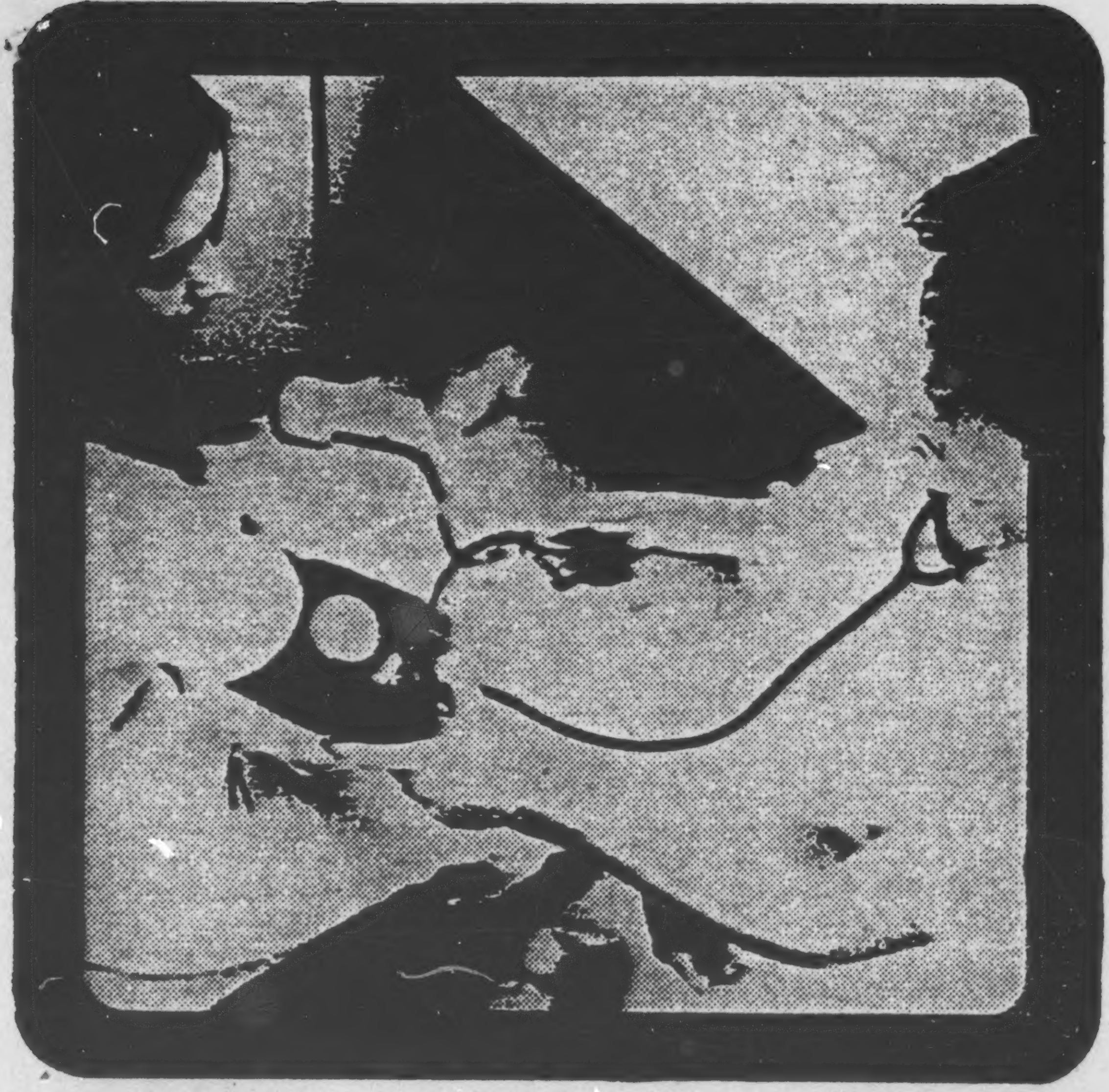
c. Does 8040 pay the pharmacy for prescription drugs?

d. Does MVF-2 pay for a face-lift operation?

e. Does MVF-2 pay for medical (not surgical nor accidental) emergencies without the FAE rider?

8. From time to time, there are changes made in all of the information in the Physician's Manual. Ask your instructor for the notebook with copies of the Blue Cross-Blue Shield Record. Scan over the Record to get an idea of it's contents. Find something that tells you to "add" a procedure code or change a previously given direction. These are the kinds of things you may also be responsible for in a doctor's office.

9. If you need more help, there are toll free numbers listed in the Record for Medical Assistant use. You may use these to call the Blue Cross-Blue Shield for answers to questions you have while on the job.



# medical assistant

**unit:** Medical Typing

## capital area career center

**module:** 4401 13 012 **date:** Feb. 77 **level:** IV

**skill title:** How to Fill Out Michigan Medical Claim Forms for Blue Shield Billing

**developed & written by:** Beverly Varney R.N.

**visuals by:**

79-A

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to fill out Michigan Medical Claim Forms for Blue Shield billing.

IN ORDER TO DO THIS YOU WILL NEED:

1. 2 Michigan Medical Claim forms (Blue Shield)
2. 2 Blue Shield Case studies
3. HICDA Manual
4. Physician's Manual, Part I
5. Michigan Uniform Procedure Code Manual
6. Medical dictionary
7. Scratch paper and pencil
8. Typewriter with carbon film ribbon

WE WILL KNOW YOU CAN DO IT WHEN:

You correctly type all the case study information on both of the forms without errors.

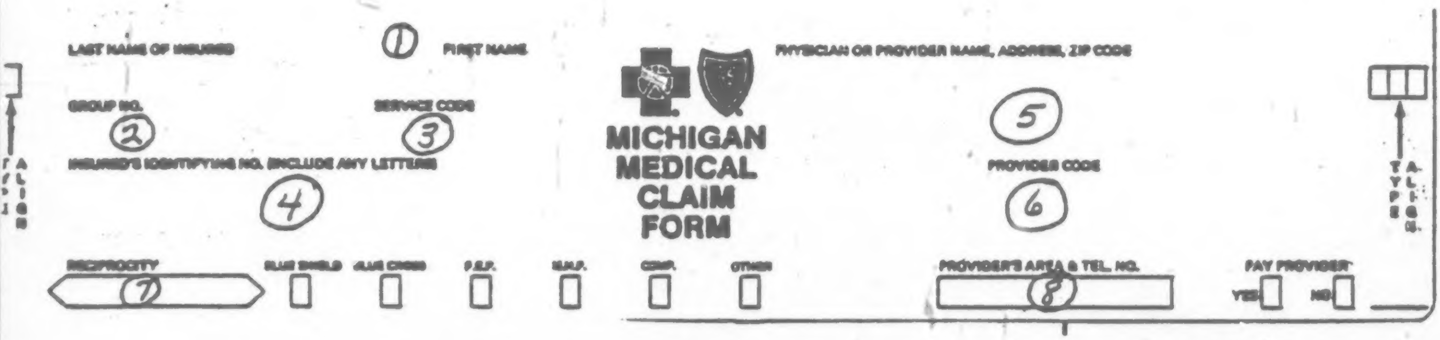
## INFORMATION

Blue Shield of Michigan is one of the largest insurance companies in Michigan. As a Medical Assistant, you will need to know how to bill Blue Shield for services your employer has provided. The form is nearly the same as the one you used for Medicaid, but the rules for filling it out are a little different.

## JOB STEPS

1. Collect your materials. Be sure Blue Shield should be billed for the service. If you don't remember how to do this, review mod 13-11. If you don't need the review, go on to Job Step 4.

Note: The following is an example of the top part of the MMCF for Blue Shield billing (Use with job steps 3 through 11):



LAST NAME OF INSURED ① FIRST NAME

GROUP NO. ②

SERVICE CODE ③

INSURED'S IDENTIFYING NO. (INCLUDE ANY LETTERS) ④

MICHIGAN MEDICAL CLAIM FORM

PHYSICIAN OR PROVIDER NAME, ADDRESS, ZIP CODE ⑤

PROVIDER CODE ⑥

RECIPROCITY ⑦

BLUE SHIELD ☐ BLUE CROSS ☐ F.E.P. ☐ M.A.P. ☐ COMP. ☐ OTHER ☐

PROVIDER'S AREA & TEL. NO. ⑧

PAY PROVIDER YES ☐ NO ☐

2. In the spaces marked 1 as shown above, type the subscriber's name as it appears on the ID card.

3. Type the group number in the space marked 2 as shown above.

4. Type the service codes right after the group number, see 3 .

5. Type the contract number and the BC plan code number in the space marked 4 as shown above.

6. Type your employer's name and address as shown in the space marked 5 .

## WORD GUIDE

PROVIDER CODE NUMBER - A number assigned to each provider by Blue Cross - Blue Shield

RECIPROCITY - Means the card can be used in states outside of Michigan

CLAIM - The bill you are sending to Blue Shield via the MMCF

7. Type your employer's provider code number (ten digits) in the space marked 6

8. If the subscriber's ID card has a red arrow marked "reciprocity" with a 3 digit number on it, type that number on the MMCF in the area marked with a 7 .

9. Look at the six small boxes to the right of the reciprocity space. You will need to type an "X" in only one of these boxes depending on the patient's policy.

   Blue Shield - use this for all regular claims, for National groups or for Special Account groups. This is the box you will use most often.

   Blue Cross - this is for a hospital provider. You will never use it while you work in a doctor's office.

   FEP - use this if the subscriber belongs to a special Federal Employee Program. The subscriber should give you this information.

   MHP - use this if the subscriber belongs to a Metro Health Plan. This is a special plan some cities have for their employees. The subscriber should tell you if he/she belongs to a MHP.

   Comp - Do not use this box.

   Other - you will never use.

10. Type your employer's office phone number in the space marked 8 on the example.

## WORD GUIDE

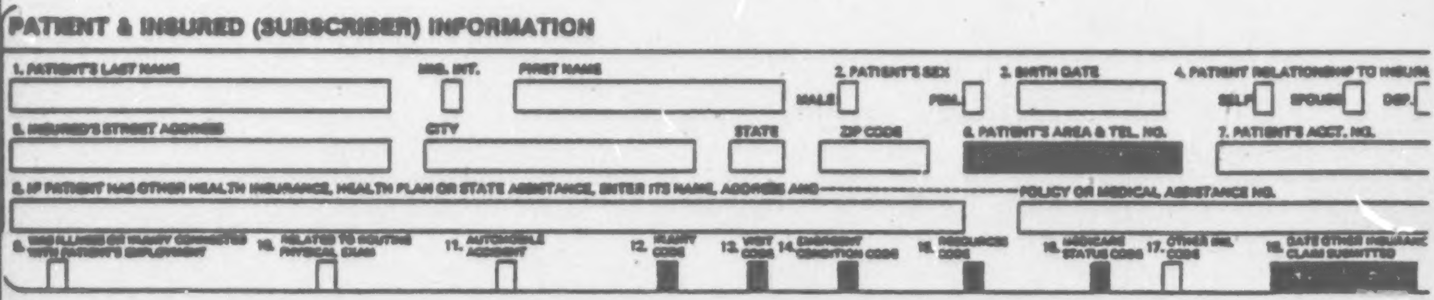
PARTICIPATING PHYSICIAN - A physician who has entered into a written agreement with Blue Shield to accept the rate Blue Shield pays as payment in full for the service given.

NON-PARTICIPATING PHYSICIAN - A physician who has not entered into a written agreement to accept the rate Blue Shield pays as payment in full.

11. The next two boxes under "pay provider" say "yes" and "no". You must mark one of these with an "X". If your employer is a "participating physician", you must mark yes. If he/she is not, you may mark either box. "Yes" means Blue Shield pays the doctor by check. "No" means Blue Shield pays the subscriber, and the doctor must collect from that person. If your employer is not a participating physician, you will need to ask him/her which box he/she wants you to mark.

Use the following with Job Steps 12 through 23.

### PATIENT & INSURED (SUBSCRIBER) INFORMATION



PATIENT & INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S LAST NAME
MID. INT. ☐
FIRST NAME
2. PATIENT'S SEX MALE ☐ FEM. ☐
3. BIRTH DATE
4. PATIENT RELATIONSHIP TO INSUR
SELF ☐ SPOUSE ☐ DEP. ☐
5. INSURED'S STREET ADDRESS
CITY
STATE
ZIP CODE
6. PATIENT'S AREA & TEL. NO.
7. PATIENT'S ACCT. NO.
8. IF PATIENT HAS OTHER HEALTH INSURANCE, HEALTH PLAN OR STATE ASSISTANCE, ENTER ITS NAME, ADDRESS AND
POLICY OR MEDICAL ASSISTANCE NO.
9. WAS ILLNESS OR INJURY CONNECTED WITH PATIENT'S EMPLOYMENT ☐
10. RELATED TO ROUTINE PHYSICAL EXAM ☐
11. AUTOMOBILE ACCIDENT ☐
12. INJURY CODE
13. VISIT CODE
14. EMERGENT CONDITION CODE
15. RESOURCES CODE
16. MEDICARE STATUS CODE
17. OTHER INS. CODE ☐
18. DATE OTHER INSURANC CLAIM SUBMITTED

12. Look at the above example for patient information. Type the patient's last name, middle initial and first name in the space numbered 1.

13. After number 2, type an "X" in either the "male" or "female" box.

14. In space 3, type the patient's birth date. Remember to use 6 digits and no spaces, slashes or dashes.

15. The insured is the "owner" of the insurance policy. In item number 4, type an "X" in the box which tells about the patient. If the insured is the patient, mark "self". If the insured's husband or wife is the patient, mark "spouse". Or, if some other person the insured supports financially is the patient, mark "dep." for dependent.

16. Item number 5 is for the insured's street address. If the patient does not live with the insured but is covered by the policy, do not use the patient's address.

17. Leave item 6 blank.

18. If your office assigns case numbers to your patients, you may use up to seven digits or alpha characters in space 7. For this mod do not use the space.

19. If the patient has other health insurance, enter the name, address and policy number in item 8.

20. If the answer to 9, 10 and/or 11 is "yes", type an X in the space next to the number. If the answer is "no", leave it blank.

21. Leave items 12 through 16 blank.

## WORD GUIDE

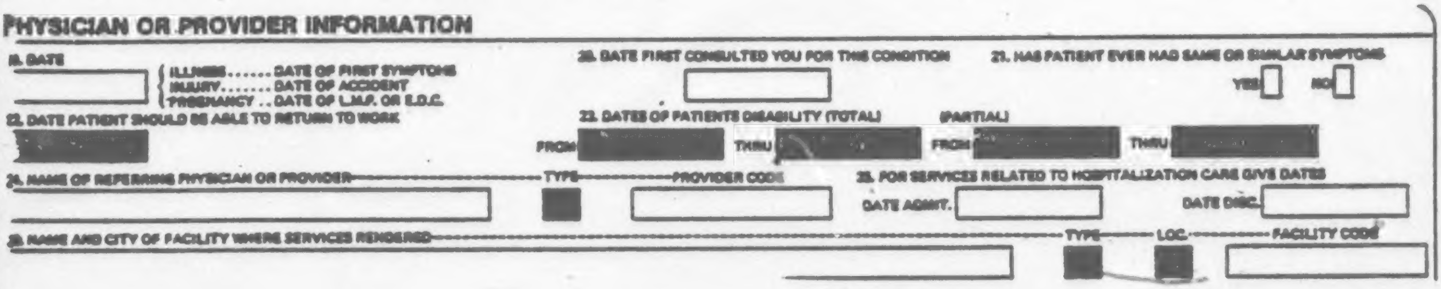
EDC - Estimated date of confinement

22. If you typed an insurance company name after number 8, type an X in number 17. If not, leave it blank.

23. Leave number 18 blank.

Use the following for Job Steps 24 through 30.

## PHYSICIAN OR PROVIDER INFORMATION



PHYSICIAN OR PROVIDER INFORMATION

19. DATE

{ ILLNESS.......DATE OF FIRST SYMPTOMS
INJURY........DATE OF ACCIDENT
PREGNANCY ..DATE OF L.M.P. OR E.D.C.

20. DATE FIRST CONSULTED YOU FOR THIS CONDITION

21. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS YES ☐ NO ☐

22. DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK

23. DATES OF PATIENTS DISABILITY (TOTAL) FROM THRU (PARTIAL) FROM THRU

24. NAME OF REFERRING PHYSICIAN OR PROVIDER — TYPE — PROVIDER CODE

25. FOR SERVICES RELATED TO HOSPITALIZATION CARE GIVE DATES DATE ADMIT. DATE DISC.

26. NAME AND CITY OF FACILITY WHERE SERVICES RENDERED — TYPE — LOC. — FACILITY CODE

24. In box 19 above, enter the six digit date of the month to which it applies (Example: patient's EDC is January 14, 1977, type 011477).

25. In space 20, type the date on which the patient was first seen by your employer for the condition you are billing (Example: you are billing for x-rays for a patient with bronchopneumonia. He was first examined on June 2, 1976 for a cough and was x-rayed on June 4, 1976. Your date of service will be 060476 but the date for item 20 would be 060276).

26. In space 21, type an X in yes or no depending on the patient's answer.

## WORD GUIDE

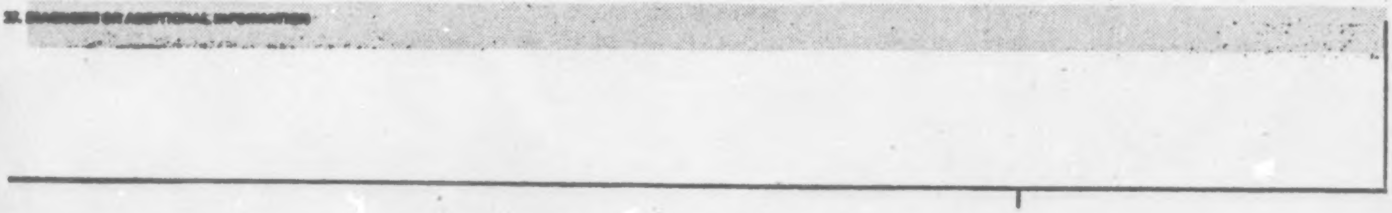
REFERRING PHYSICIAN - A doctor who sends a patient to another doctor for treatment or diagnosis

27. Leave items 22 and 23 blank.

28. If the patient was sent to your doctor by another doctor, enter the name of the "referring physician" in space 24. Do not enter anything under "type". Enter the referring physician's provider code. You can get it by calling his/her office.

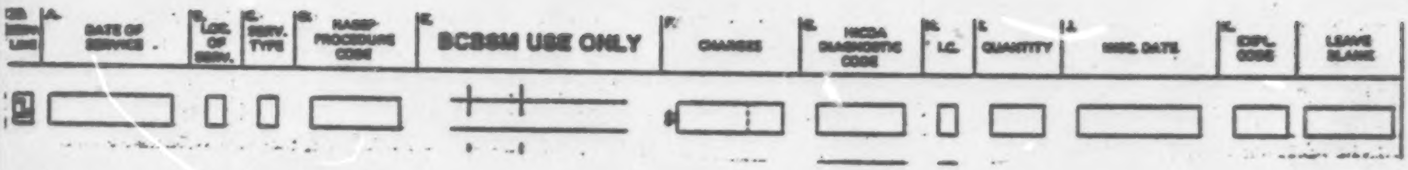
29. Use item 25 if the patient was in the hospital. Use a six digit date for both the admission and discharge date.

30. If the patient was hospitalized, use the space after 26 to type the name and city of the hospital, clinic, etc. If you have the identification code, type it in the space for this code. You will find the codes in our copy of the Record, Volume 16, number 11.



31. Use the space in the figure above to enter all other required information. These are detailed on page 142, Section III of the Physician's Manual. Ask your instructor questions if you do not understand the information on this page.

Use the following for Job Steps 32 through 42.



| 28. SERV. LINE | A. DATE OF SERVICE | B. LOC. OF SERV. | C. SERV. TYPE | D. MASP PROCEDURE CODE | E. BCBSM USE ONLY | F. CHARGES | G. MICDA DIAGNOSTIC CODE | H. I.C. | I. QUANTITY | J. MISC. DATE | K. EXPL. CODE | LEAVE BLANK |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | $ | | | | | | |

32. In item 28A, enter the actual date on which each service was given:

    --- When reporting initial or subsequent days of medical care and special medical care, enter the date of admission as the date of service.

    --- When billing total antepartum care, enter the date of delivery. If this date is not available, indicate the last date of antepartum care.

    --- When reporting multiple services that can be billed as one line items, enter the first date of treatment. (e.g. therapeutic x-ray).

33. For item 28B, enter one of the following codes to designate where the service was performed.

    Item #28B -- Location of Service

| | |
|---|---|
| Inpatient Hospital | 1 |
| Outpatient -- Hospital or Clinic | 2 |
| Provider's Office | 3 |
| Patient's Home | 4 |
| Nursing Home | 7 |
| Extended Care Facility | 8 |
| Ambulance Company | 9 |
| Independent (lay owned) Laboratory | A |
| Other Medical-Surgical Facility (non-psychiatric, free-standing) | B |

| | |
|---|---|
| Residential Substance Abuse Facility | D |
| Outpatient Substance Abuse Facility | E |
| Outpatient Psychiatric Facility (day care) | 5 |
| Night Care | 6 |

34. For item 28C, enter one of the following codes to designate the type of service provided.

Item #28C -- Serv. Type(Major Service Digit)

| | |
|---|---|
| Ambulance | F |
| Anesthesia | 4 |
| Consultation | 9 |
| Durable Medical Equipment (purchase) | G |
| Durable Medical Equipment (rental) | H |
| Emergency First Aid | 2 |
| Injections | 6 |
| Maternity | 3 |
| Medical Care | 6 |
| Medical Emergency | 6 |
| Medicine | 6 |
| Pathology | 8 |
| Physical Therapy (procedure codes 9600 through 9659) | D |
| Professional Component | P |
| Prosthetic and Orthotic Appliances | G |
| Physchiatric Care | C |
| Pulmonary Tuberculosis | N |
| Radioimmunoassay | T |
| Specific Diagnostic Services | 6 |
| Surgery | 2 |
| Technical Surgical Assistance | 0 |
| Optical Vision Care | M |
| X-ray - diagnostic | 5 |
| X-ray - therapeutic | E |

35. Item 28D is for the procedure code from the MUPC Manual. If you do not remember how to find procedure codes, review module number 13-14. If there is no code, enter NOC and describe the procedure in item 27.

36. Item 28E. Do not use.

## WORD GUIDE

### DOCUMENTATION - Proof

37. In column 28F, enter your doctor's total charge for each service line billed. Do not use hyphens in the cents portion of this column.

38. Look up the diagnosis code in the HICDA Manual. Enter the right code in column 28G. If you do not remember how to do this, review mod 13-13.

39. Item 28H is for "individual consideration". You must check to see if there were complicated procedures. You must attach documentation to support your claim, such as an operative report or an emergency report.

40. Use column28I when a total number of days is needed to figure the amount of payment. Some of the services that require this are listed below:

| SERVICE | SPECIFICATIONS |
|---|---|
| *Anesthesia | *Time units |
| *Regular and Special Medical Care | *Total number of subsequent days of care (Excluding the initial day) |
| *Prolonged Attendance or Monitoring | *Number of hours of attendance |
| *Rehabilitation Care | *Total number of subsequent days during which definite services were rendered |
| *Services billed as one line items (i.e. multiple psychiatric visits, multiple x-ray therapy services) | *Number of treatments or visits |
| *Durable Medical Equipment (rental) | *Number of rental weeks (not to exceed one month per service line) |

41. Put a date in column 28J when you need to know the first and last day of care. some of the services that require this are listed below:

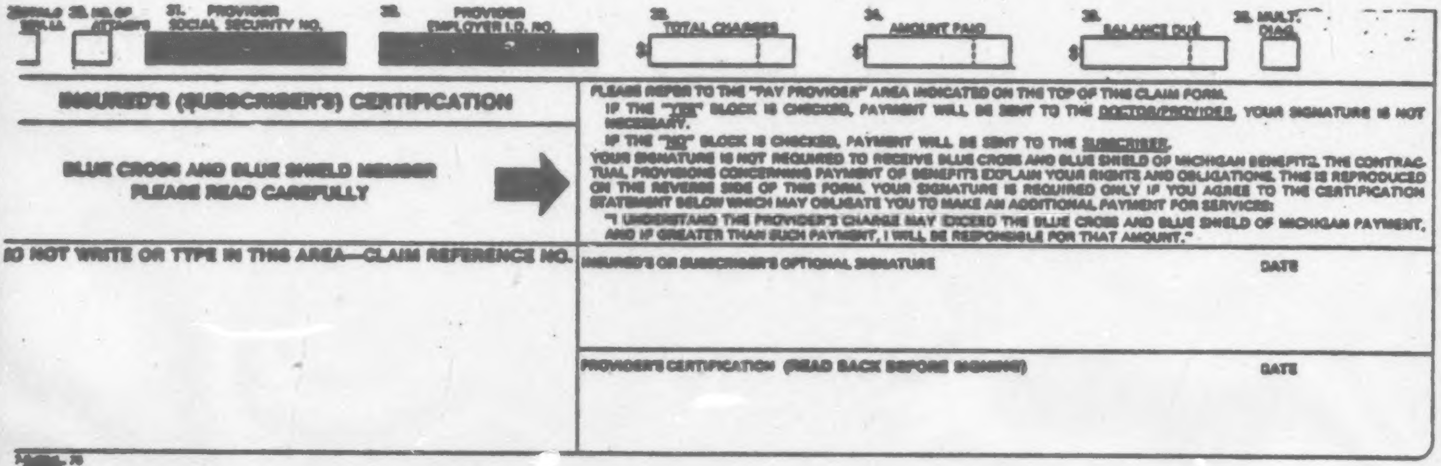
Item #28J -- Misc. Date

| | |
|---|---|
| *Ante-partum Care | *Date of first visit |
| *Durable Medical Equipment (rental) | *Last date of rental period |
| *Multiple Services billed as one line items (i.e. multiple psychiatric visits, multiple x-ray therapy treatments) | *Date of last visit or treatment |
| *Regular and Special Medical Care | *Last date of subsequent care |
| *Rehabilitative Care | *Last date of subsequent care |

42. Column 28K is for the "explanation code". You can find an itemized list of these codes on page 145 of the Physician's Manual, part 1. You will need to use a letter and a number in each column 28K space (Example: non-diagnostic surgery, single surgery such as an appendectomy would be B1).

Also use this column to type XX when you made an error and wish to leave out that line.

Use the following for Job Steps 43 through 52.



29. [illegible]

30. NO. OF ATTACHMTS ☐

31. PROVIDER SOCIAL SECURITY NO. [redacted]

32. PROVIDER EMPLOYER I.D. NO. [redacted]

33. TOTAL CHARGES $

34. AMOUNT PAID $

35. BALANCE DUE $

36. MULT. DIAG. ☐

INSURED'S (SUBSCRIBER'S) CERTIFICATION

BLUE CROSS AND BLUE SHIELD MEMBER
PLEASE READ CAREFULLY

PLEASE REFER TO THE "PAY PROVIDER" AREA INDICATED ON THE TOP OF THIS CLAIM FORM.

IF THE "YES" BLOCK IS CHECKED, PAYMENT WILL BE SENT TO THE DOCTOR/PROVIDER, YOUR SIGNATURE IS NOT NECESSARY.

IF THE "NO" BLOCK IS CHECKED, PAYMENT WILL BE SENT TO THE SUBSCRIBER.

YOUR SIGNATURE IS NOT REQUIRED TO RECEIVE BLUE CROSS AND BLUE SHIELD OF MICHIGAN BENEFITS. THE CONTRACTUAL PROVISIONS CONCERNING PAYMENT OF BENEFITS EXPLAIN YOUR RIGHTS AND OBLIGATIONS. THIS IS REPRODUCED ON THE REVERSE SIDE OF THIS FORM. YOUR SIGNATURE IS REQUIRED ONLY IF YOU AGREE TO THE CERTIFICATION STATEMENT BELOW WHICH MAY OBLIGATE YOU TO MAKE AN ADDITIONAL PAYMENT FOR SERVICES:

"I UNDERSTAND THE PROVIDER'S CHARGE MAY EXCEED THE BLUE CROSS AND BLUE SHIELD OF MICHIGAN PAYMENT, AND IF GREATER THAN SUCH PAYMENT, I WILL BE RESPONSIBLE FOR THAT AMOUNT."

DO NOT WRITE OR TYPE IN THIS AREA—CLAIM REFERENCE NO.

INSURED'S OR SUBSCRIBER'S OPTIONAL SIGNATURE DATE

PROVIDER'S CERTIFICATION (READ BACK BEFORE SIGNING) DATE

WORD GUIDE

**DELETE** - Ignore, as if the item was erased

43. For item 29, add the number of service lines filled in and enter the total here. Do not enter any you have deleted (erased or XX'd out).

44. If you are going to attach any documentation to the form, enter the number of pages in item 30.

45. Leave 31 and 32 blank.

46. Add the figures in the charge column and enter the total in item 33.

47. If the patient has other health care insurance which has paid part of the bill, enter the amount in item 34.

48. If you put a figure in item 34, you must subtract it from item 33 and enter the remainder in item 35.

49. For item 36, type an X in this box if any of the services were for more than one diagnosis. Type all secondary diagnosis names and codes in space 27.

50. The subscriber must sign (in black ink) only when he/she agrees to pay the difference between what Blue Shield pays and the doctor charges.

51. The doctor must sign the form. Read the Physician/Provider Statements A and B on the back of the MMCF, so you understand what his/her signature means. Be sure to ask questions you do not understand.

52. When you are on the job, you must read the copies of the Blue Cross-Blue Shield Record which come to your office monthly. They often contain rule changes.

53. On scrap paper, complete the following project.

PROJECT

A. Get two Blue Shield MMCF forms.

B. Use the two patient records on the following pages in this mod. Bill Blue Shield for the services given.

C. Write your answers on scratch paper and check them with your instructor.

D. Type the information on the form.

E. Have your instructor check the MMCF's for your credit.

16

· 13-12

Mother Estella - Flint School District

ME Lane, Maria Tonetta ~~SPOUSE or~~ FATHER Alex Lane(Emp. Oldsmobile)

Grp (through Olds)

BC/BS 87950 Ser 9003 Con 3781897 BIRTHDATE 10/11/69 AGE 8 yrs

Daughter F ADDRESS 2876 Dort Rd. CITY Flint 48739 ZIP

I.W.D. S TELEPHONE NUMBER 746-8832

CUPATION Student ALLERGIES None

1/27/77 Patient c/o cough - no fever. Throat red and mildly injected. No Rx at this time

1/30/77 Cough continuing. Rales in lower left lobe. Temp 104. Begin penicillin orally.

2/2/77 Diagnostic X ray, 2 views. Vital Capacity. X-ray shows bronchopneumonia left lower lobe. Admit Highland Park General. Initial day of medical care with limited history.

2/2/77 through 2/14/77 Hospital calls at Highland Park General

For this case study use this provider information:

Martin V. Frank M. D.<br>
100 Forest Ave.<br>
Flint, MI ,

#010 82888 1<br>
Participating Physician<br>
Phone: 374-6943

| | | |
|---|---|---|
| Charges - | Chest X-Ray | $15.00 |
| | Vital Capacity | $15.00 |
| | Initial day if hospital care and limited history | $30.00 |
| | Subsequent days of hopsital care | $100.00 |

LPN-05

13-12

ME Duncan, Nancy SPOUSE or FATHER Single

S BC/BS Grp.31849 Ser 8004 Con 3890478 BIRTHDATE 07/03/43 AGE 33

X F ADDRESS 9344 Baldwin, CITY Lansing 49919 ZIP

M.W.D. S TELEPHONE NUMBER 8868808 Work 1345678

CUPATION State of Michigan - Office clerk ALLERGIES None

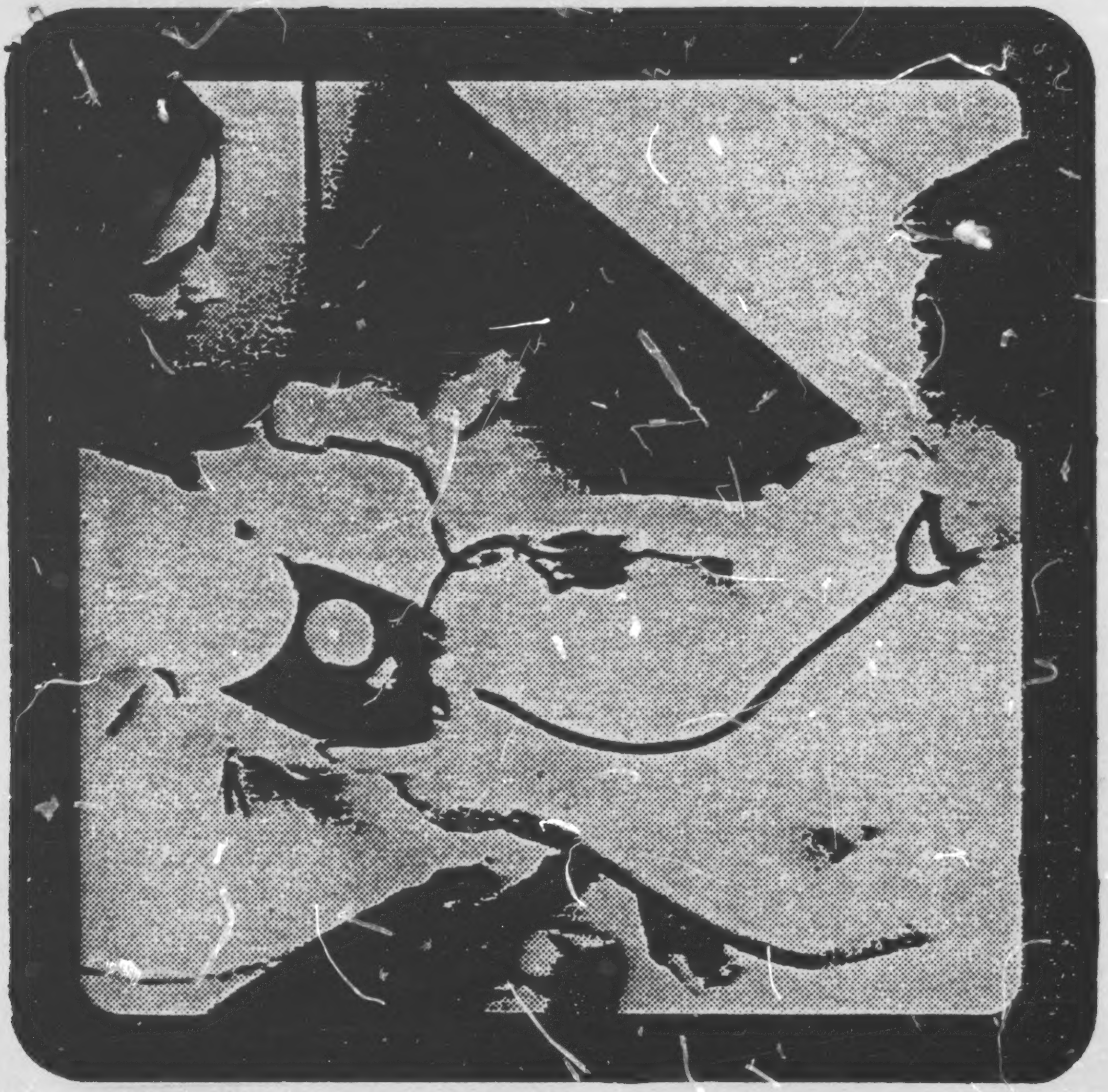
2/23/77 patient fell while ice skating. Complains of pain in left elbow, also has a 1" and a 2" laceration of the left cheek. X-ray of left elbow reveals no fracture. Laceration sutured with oooo black silk suture.

Provider information for this case study

| | |
|---|---|
| Melvin B. Kirk, D.O. | #182 64 9993 |
| 204 North St | Participating Physician |
| Lansing, MI 48853 | Phone: 321-4763 |

| | |
|---|---|
| Charger | X-ray $20.00 |
| | Suturing of laceration - $45.00 |

LPN-05



# medical assistant

unit: Third Party Billing

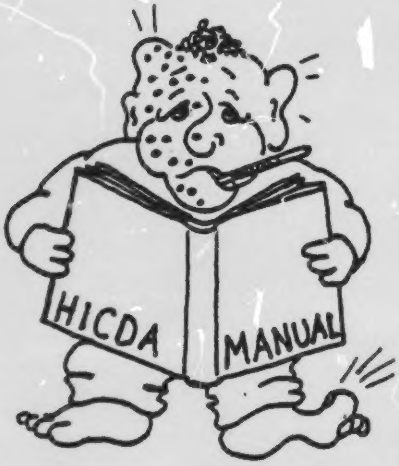
capital area career center

module: 4401 13 013 date: 12/76 level: II

skill title: How to Find Diagnosis Codes in the HICDA Manual

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel



## PERFORMANCE OBJECTIVE

## YOU ARE GOING TO LEARN:

1. How to find diagnosis codes in the HICDA Manual.
2. Some rules used with diagnosis codes on billing forms.

## IN ORDER TO DO THIS YOU WILL NEED:

HICDA Manual (classroom)
Diagnosis Code Worksheet
Practitioner Manual (Medicaid)
Pencil

## WE WILL KNOW YOU CAN DO IT WHEN:

You correctly complete the diagnosis code worksheet and you correctly answer the six questions on rules (see Step #7).

## WORD GUIDE

MEDICAID - A program set up by the Federal Government which assists the needy with their medical bills.

BLUE SHIELD - A private insurance company which serves a large number of people in Michigan. The division of Michigan Blue Cross/Blue Shield which pays doctors for their services to the subscriber (the patient).

## INFORMATION

Third party billing is a common task of a Medical Assistant. You will need to find diagnosis codes in the HICDA Manual in order to do billing for Medicaid and Blue Shield.

This manual contains the diagnosis codes you will use. You will use it to find the codes on your worksheet.

For rules to use in doing diagnostic codes, read the following material: Practitioner Manual, Chapter IV, page 2-6 to "Procedure Coding".

## WORD GUIDE

DIAGNOSIS - What is wrong with the patient.

STREP - A medical slang term used to mean a streptococcus infection.

SECONDARY DIAGNOSIS - A term used to tell the less severe of two diagnosis.

## JOB STEPS

1. Collect your materials. Write all answers on scrap paper. Be sure to Read the references in the Information section.

2. Read the following example. Follow the steps in the MICDA Manual, Pages V, VI, VII (at beginning of manual).

   Steven Stern is a 27 year old who has been treated by your employer for an infected strep throat and an acute middle ear infection. He is eligible for Medicaid, and you are going to find his diagnosis code in the HICDA Manual. Remember to ask yourself the following questions:

   A. What is wrong? - infection

   B. Where? - throat & middle ear

   C. Complications? - accute (middle ear), strep throat

   (These three questions always help you to locate the code number.)

3. Look in the HICDA Manual, page 320. Find INFECTION. Look under the work infection for EAR, look under ear for the medical term for middle ear infection. Turn to page 427 and find OTITIS. Look under otitis for MEDIA, look under media for ACUTE. This is on page 428, and you will see the code number 3812. This is the diagnosis code you will use for acute middle ear infection. Turn back to page 320 and look under INFECTION for THROAT, look under throat for STREP. You will find the code number is 0340. Acute otitis media is more serious than strep throat, so otitis will be called the primary diagnosis and strep throat the secondary diagnosis.

4. Using the HICDA Manual and your medical dictionary, fill in the diagnosis code numbers on the worksheet. When you see the workd "rule out" or "possible" as part of the name of a diagnosis ignore that part. Use the worksheet on page 6 of this mod.

5. Check your answers with your instructor.

6. Correct any wrong answers.

## JOB STEPS

7. Then, answer the following questions on a separate sheet of paper. Show all work to your instructor. If you do not know the answers, reread the references in the HICDA Manual and the Practitioner Manual.

   What are the three questions you ask yourself about the patient in order to locate a diagnosis code?

   When do you use "NEC" for the code?

   What is the heading you look under for cancer or carcinoma?

   What section of the Practitioner Manual gives you help in finding diagnosis codes?

   Does diagnosis code ever name a service instead of a diagnosis?

   Are there special instructions to use for the decimal in the diagnosis codes?

## WORKSHEET FOR CODING DIAGNOSIS OR REASON FOR SERVICE

DO NOT WRITE IN THE MOD. PUT YOUR ANSWERS ON SCRATCH PAPER.

1. Hemorrhaging perforated duodenal ulcer ______
2. Exam - oral contraceptives* ______
3. Well baby exam ______
4. Carbon monoxide poisoning ______
5. Itching and swelling of hands (two codes) ______ ______
6. Subacute viral hepatitis ______
7. Rule out pregnancy - amenorrhea ______
8. Flu immunization* ______
9. Possible dislocation causing severe cervical pain ______
10. Chest cold ______
11. Carcinoma of the middle ear - secondary ______

* HINTS

2. Giving of oral contraceptives is considered part of family planning.

8. Other names of immunization are inoculation and vaccination.

# medical assistant

unit: Third Party Billing

capital area career center

module: 4401 13 014 date: 12/76 level: II

skill title: How to Find Procedure Codes in the Michigan Uniform Procedure Code Manual

developed & written by: Beverly Varney

visuals by:

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to find procedure codes in the Michigan Uniform Procedure Code manual and then some rules for correct use of procedure codes on billing forms.

### IN ORDER TO DO THIS YOU WILL NEED:

Blue Cross/Blue Shield of Michigan Billing Instruction

Michigan Uniform Procedure Code Manual

Medicaid Practitioner Manual

Procedure Code worksheet

Pencil and scrap paper

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You correctly complete the procedure code worksheet.
2. You correctly answer six questions on procedure rules.

# INFORMATION

Third party billing is a common task of a Medical Assistant. You will need to find procedure codes in the Michigan Uniform Procedure Code manual in order to do billing for Medicaid and for Blue Shield.

Each place you will for services has a few rules of its own. For an explanation of those rules, read Medicaid Practitioner Manual - Chapter 10, pages 6-24. This reference explains those rules for Medicaid. It also defines some terms used by Medicaid and explains the special rules for Blue Shield.

Read, Michigan Uniform Procedure Codes, pages I through V. These pages define some of the terms used so you will be able to choose the correct titles and procedure code for the service given.

## WORD GUIDE

**PROCEDURE** - What was done to or for the patient.

**MUPC** - Abbreviation used in this mod for the Michigan Uniform Procedure Code manual.

## JOB STEPS

1. Collect your materials.

2. Answer the following questions. If you do not know the answers, find them in the references given in the Information section of this module. Write your answers on scrap paper.

   A. When do you use NOC for a procedure code?

   B. What does the symbol # mean when found next to a procedure code?

   C. What does an X mean when found in the column with the heading Proc. Only?

   D. What does the symbol + mean when found next to a procedure code?

   E. What does the symbol * mean when found next to a procedure code?

   F. Would a physician who never does surgery ever use a code preceeded by a T?

   Give your answers to your instructor.

3. Check to see if you correctly did job step 2.

   A. NOC is used when there is no procedure code in the service classification (medicine, surgery, etc.) which exactly describes the service provided.

   B. The symbol # means that if you are billing Medicaid, you must attach a complete description of the service to the claim form in order to receive payment of the service.

   C. An X in the Proc. Only column means that Medicaid will not pay for post-operative care related to that surgical procedure for a hospitalized patient or that Medicaid will not pay for an office call related to that surgical procedure. For an example, turn to page 211 of the MUPC. You will see 5700 Removal of surface foreign body 4 X. The X tells you Medicaid will pay for this procedure but not for this plus an office call.

   D. The symbol + means that this procedure is not covered by Medicaid and will not be paid by them.

   E. The symbol * means that this procedure is not covered by Blue Cross/Blue Shield and will not be paid by them.

## JOB STEPS

F. A physician who does not do surgery will never bill for a procedure code marked T because the T indicates Technical surgical assistance. It would be used if a physician assists with a surgical procedure and he/she can document that assistance was needed.

4. Read the following situation:

Steven Stern, 27, is a new patient. Your employer treated him for strep throat and an acute middle ear infection. You have already found the diagnosis codes in Mod 4401 13 013. Now, you must find the procedure codes. The doctor performed an incision and drainage of the left ear drum (a myringotomy) and an intermediate examination of the throat and ear. Both were done in his office. Two procedures were performed:

A. A myringotomy
B. An intermediate examination

5. The suffix "-otomy" means "incision into" and indicates this is a surgical procedure. Look in the table of contents of the Michigan Uniform Procedure Coding manual (MUPC) for "SURGERY". Since the "-otomy" was on the ear, look under "SURGERY" for "ear". This refers us to Page 214. Turn to Page 214. The ear drum is part of the middle ear, so find middle ear on Page 215. "-otomy" means incision so under middle ear, find "incision". Under "incision", find "myringotomy". Since it was only the left ear, it is one side only or UNILATERAL. That code number is 5870. You will notice an X in the procedure code column. This means Medicaid will not pay for an office visit along with a myringotomy. However, our example is an exception. The reason is that Steven Stern also had strep throat, and the doctor did examine and treat him for that strep infection. So in this case, there are two separate procedures. You will need to find a procedure code for the treatment of the throat.

6. Turn back to the table of contents. An INTERMEDIATE EXAMINATION is a medical procedure. Look under MEDICINE. Since it is a procedure done in the office, look for OFFICE VISIT. Turn to page 1 as the MUPC indicates. Find OFFICE OR OUTPATIENT VISITS. Steven Stern is a NEW PATIENT, so look under that heading for INTERMEDIATE HISTORY, EXAMINATION AND TREATMENT. The code number is 9004.

7. Now you are ready to begin practicing some codes. Using the Michigan Uniform Procedure Code Manual and the Medical dictionary, fill in the codes for the worksheet entitled Procedure Coding Worksheet which is on the next two pages of this mod. Write your answers on scrap paper.

## JOB STEPS

8. Check your answers with your instructor.
9. Correct any wrong answers.

DO NOT WRITE IN THE MOD -- USE SCRATCH PAPER

1. Tonsillectomy (patient 14 years old) ____________
2. Vasectomy ____________
3. Complete physical examination (new patient) ____________
4. Pelvic exam (routine) (Medicaid classifies this as a surgical procedure) ____________
5. Diagnostic EKG (interpretation and report only) ____________
6. Incision and removal of splinter from subcutaneous tissue ____________
7. X-ray, foot (2 views) ____________
8. Family counseling ____________
9. Provision of allergy injectable ____________
10. Cholecystectomy ____________
11. Penicillin injection ____________
12. Injection of estrogen and B12 (in one syringe) ____________
13. Cleansing and suturing of wounds to left arm 1" and 2" (one procedure) ____________
14. Examination of patient's ear in emergency room (brief service) ____________
15. Arthrocentesis of knee joint ____________
16. Extensive re-evaluation of hospitalized patient ____________
17. Glucose tolerance - 6 specimens, 7 hours (another name for glucose is sugar) ____________
18. Closed reduction of fractureof the thumb, distal phalanx ____________
19. Therapeutic exercise and whirlpool treatments (two modalities means two kinds of treatment) ____________
20. Maintenance hemodialysis ____________
21. Biopsy of pancreas ____________
22. Abortion elective 2nd trimester, induced by injection of saline solution ____________

23. Placement of walking cast knee to toe (replacement of original cast) __________

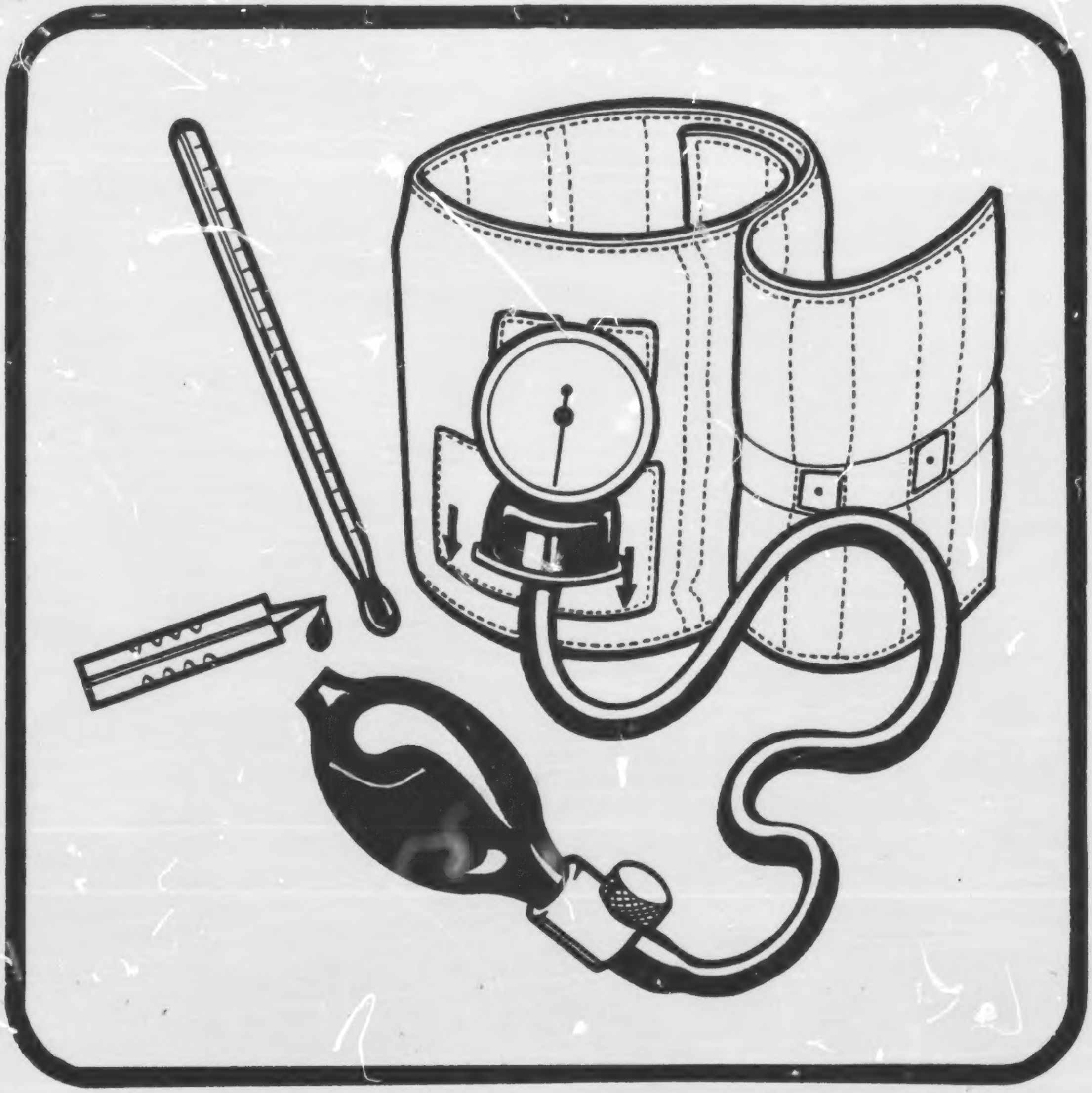
24. Routine visit to fourth patient on same date in a basic nursing home. __________

25. Normal obstetrical delivery __________

26. Infant circumcision __________

27. Antepartum care __________

28. Post partum care __________



# medical assistant

unit: PATIENT TEACHING

capital area career center

module: 4401 14 001 date: June 1977 level: I

skill title: How to Instruct a Patient to Walk Using Crutches

developed & written by: Pat Pittenger

visuals by: Mary Ann Gamel

## WORD GUIDE

**CRUTCH** - An aid, a support used for walking.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to instruct a patient to walk using crutches.

### AND IN ORDER TO DO THIS YOU WILL NEED:

A classmate acting as a patient

A classmate acting as a member of the patient's family

A pair of crutches

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You instruct the patient how to correctly hold and place crutches when walking.
2. You correctly adjust crutches to patient's height.
3. You provide enough information to a family member so that they can tell when the patient is incorrectly using the crutches.
4. You instruct the patient so that they support their body weight by their hands and good leg.
5. You instruct the patient on how to correctly hold their injured foot.

## WORD GUIDE

ORTHOPEDIA - Disease of bones, joints.

SPRAIN - To twist a muscle or ligament of a joint, causing swelling, pain.

DISLOCATION - Displacement of bone.

## INFORMATION

If you work for an orthopedic surgeon, you will probably give the patient instuctions on how to use crutches.

There are several kinds of crutches. The doctor may recommend a certain kind. Hand crutches are often used.

In this mod, you will learn to give instructions for using regular wooden crutches.

Before you begin this mod, your class will see a video tape on Physiotherapy, Cay Wakeshild.

## WORD GUIDE

**FRACTURE** - A break or broken bone.

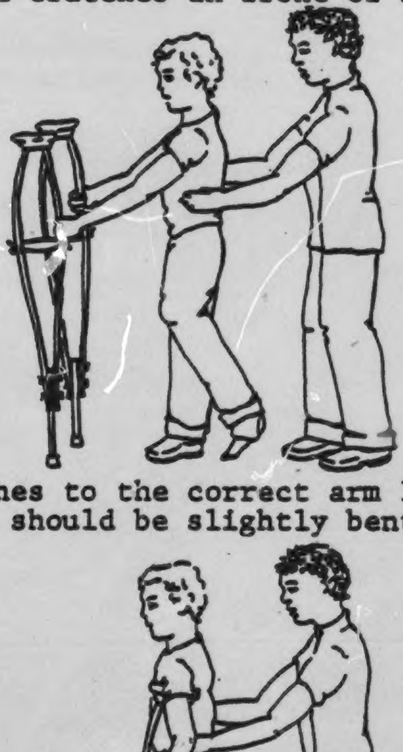
## JOB STEPS

1. Have your pretend patient and family member go to the examining room (your patient has a fracture of the left tibia).

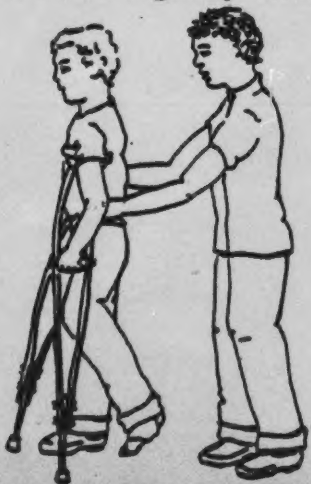
2. Get the crutches and take them to your patient.

3. Help your patient to stand up on his/her good leg.

4. Have patient hold crutches in front of him/her.

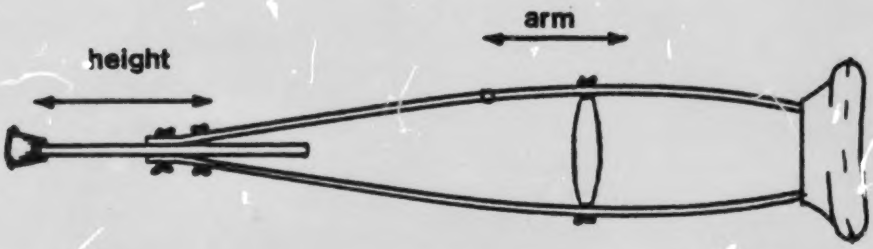


5. Adjust the crutches to the correct arm length and height for your patient (elbows should be slightly bent).



## JOB STEPS

6. Remove screws on hand bar. To fit patient's arm length, slide bar up or down. Remove lower screws and adjust the crutch height to fit the patient's arm height.

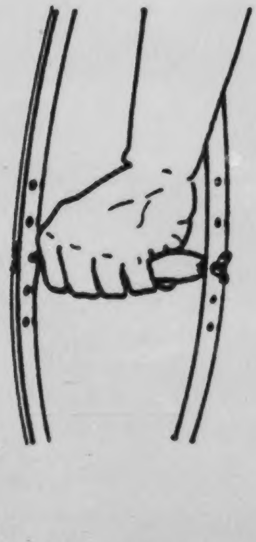


7. Have patient sit down. Now, you will show and explain to your patient and family member how to correctly use the crutches.

8. Place crutches that fit you under your arms.

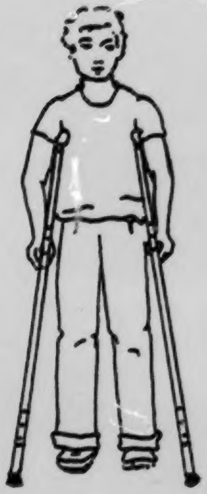
**NOTE**: The arm rest on top of the crutch should fit just below your armpit and even with the top of your rib.

9. Using your hands, hold the cross bars in the center of the crutch.

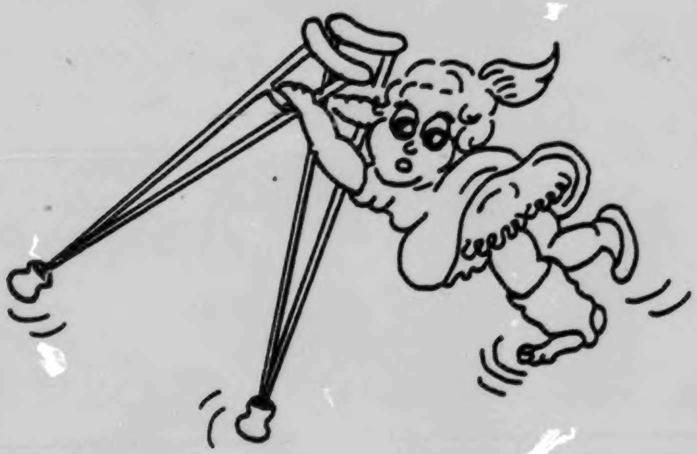


## JOB STEPS

10. Pick up both crutches at once and place the tips on the floor at 8-16 inches in front and to the sides of your little toes.



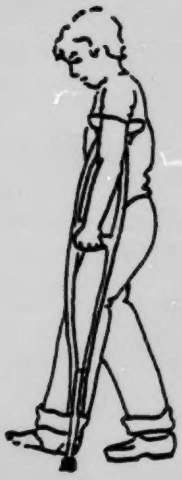
NOTE: Do not place crutches too far out in front of you, or you will fall. A short person should place crutches closer to them.



11. While standing on your good leg, bring the two crutches evenly forward.

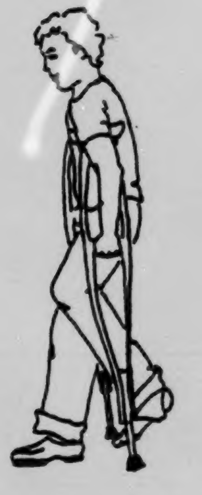
## JOB STEPS

12. Put your weight on your hands by stretching your elbows. Do not hang on your crutches or you may injure the nerves and blood vessels under your armpit.



13. Bend your injured leg at the knee, keeping it off the floor. Keep foot slightly behind you.

14. Now, supporting your body weight with your hands, swing your good leg forward.



## JOB STEPS

15. Repeat job steps 9 through 15 several times for the patient.

16. Ask the patient if he/she has any questions.

17. Have the patient practice walking with the crutches until he/she has mastered the skill.

# medical assistant

**unit:** Skill Building

## capital area career center

**module:** 4401 15 001 **date:** 9/77 **level:** IV

**skill title:** Clinical Experience in Classroom or Other CACC Setting

**developed & written by:** Beverly Varney

**visuals by:**

## WORD GUIDE

OTHER CACC SETTINGS - Evaluation Lab, LPN lab, Clinic.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to do an assigned clinical procedure for a person who is not a classmate.

### AND IN ORDER TO DO THIS YOU WILL NEED:

An assignment by your instructor, for example: to do hearing tests in the evaluation lab, blood pressure in the classroom, bandaging in the clinic, and/or similar assignments.

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You do the procedure according to the related module.
2. You record the results according to the related module.
3. You act professionally so that the person who is the subject of the procedure is satisfied with your performance.
4. You acquire a total of 12.5 hours of clinical experience in the classroom or other CACC setting to receive credit for this module.

## WORD GUIDE

RELATED MODULE - The module in the prototype which taught you this skill.

## INFORMATION

You must not accept an assignment for a mod for which you do not have credit. (Whenever time permits) read the related module before doing the assignment. If you do not have time to read the module "think" the procedure through. Ask questions before starting, if necessary.

## JOB STEPS

1. Collect your materials.

2. Assemble the equipment you will need to perform the assignment.

3. Introduce yourself to your "patient".

4. Make sure the "patient" is comfortable and has privacy when needed.

5. Explain the procedure to your "patient".

6. Complete the procedure according to the related module.

7. Record the procedure according to the related module.

8. Check with your instructor for credit toward the hours needed to complete this module.

# medical assistant

**unit:** Skill Building

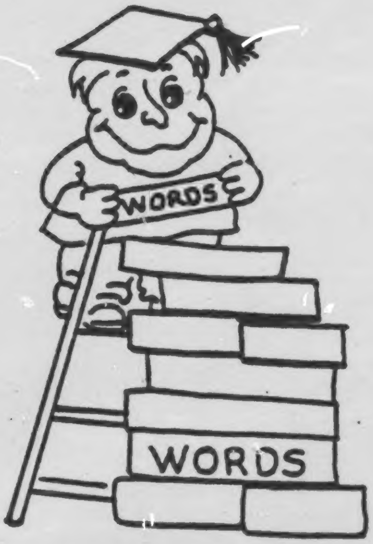
## capital area career center

**module:** 4401 15 002 **date:** 9/77 **level:** I

**skill title:** Vocabulary Skill Building

**developed & written by:**

**visuals by:** Mary Ann Gamel



## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to review previous words and abbreviations and new and more specialized vocabulary words.

### AND IN ORDER TO DO THIS YOU WILL NEED:

Five words each week

A quiz over the words every nine weeks

Medical dictionary

Pencil and paper

### WE WILL KNOW YOU CAN DO IT WHEN:

You accurately define and pronounce the words on the quizzes.

# INFORMATION

You are going to learn new vocabulary words and review previous words and abbreviations.

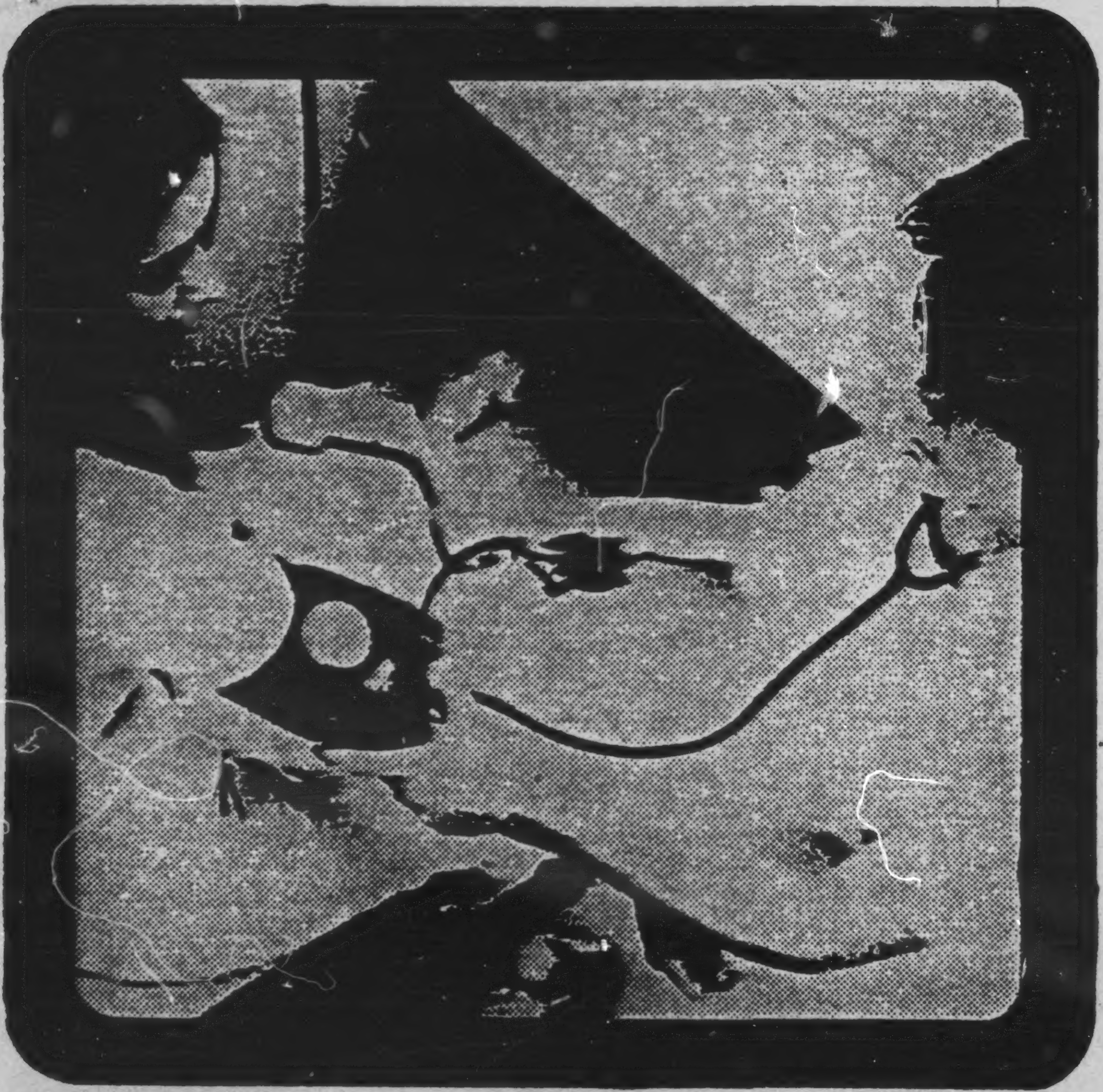
Each week you are to learn how to pronounce and define five new words.

## WORD GUIDE

**SKILL BUILDERS** - Words to increase your knowledge of medical terminology.

## JOB STEPS

1. Collect your materials.
2. Each week, copy the five "skill builders" from the vocabulary list on the blackboard.
3. Use the medical dictionary to look up the definition for each word.
4. Learn the definition of each word.
5. Look up the pronunciation of each word.
6. Learn the pronunciation of each word.
7. Ask your instructor for help when needed.
8. (Every 9 weeks) take a quiz over the words.



# medical assistant

unit: Medical Assistant

capital area career center

module: 4401 15 003 date: 5/75 level: III

skill title: Clinical Experience - Related Occupational Exposure

developed & written by: Beverly Varney

visuals by:

## WORD GUIDE

Health Related Occupations - Places where people work that you may have contact with when you work as a Medical Assistant.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to be aware of occupations in related health areas, such as the Red Cross Blood Donor Clinic, the Family Planning Clinic, Michigan Department of Public Health, Professional Management, etc.

### AND IN ORDER TO DO THIS YOU WILL NEED:

Field trips or work exploration in related health occupations equal to 7.5 hours class work.

A class taught by an outside instructor, such as CPR, equal to 5 hours.

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You show you have a basic awareness of the related occupations by filling out the work observation form provided by your instructor.
2. You satisfactorily demonstrate skill in the class taught by the outside instructor.

## WORD GUIDE

Cardiopulmonary Resuscitation - Mouth to mouth breathing and closed heart massage.

## INFORMATION

You are going to be visiting some related health occupations and learning about cardiopulmonary resuscitation.

The following reading will provide on the anatomy and physiology of the heart:

Basic Human Anatomy and Physiology, "The Heart", page 104-106

## WORD GUIDE

CPR - An abbreviation for cardiopulmonary resuscitation.

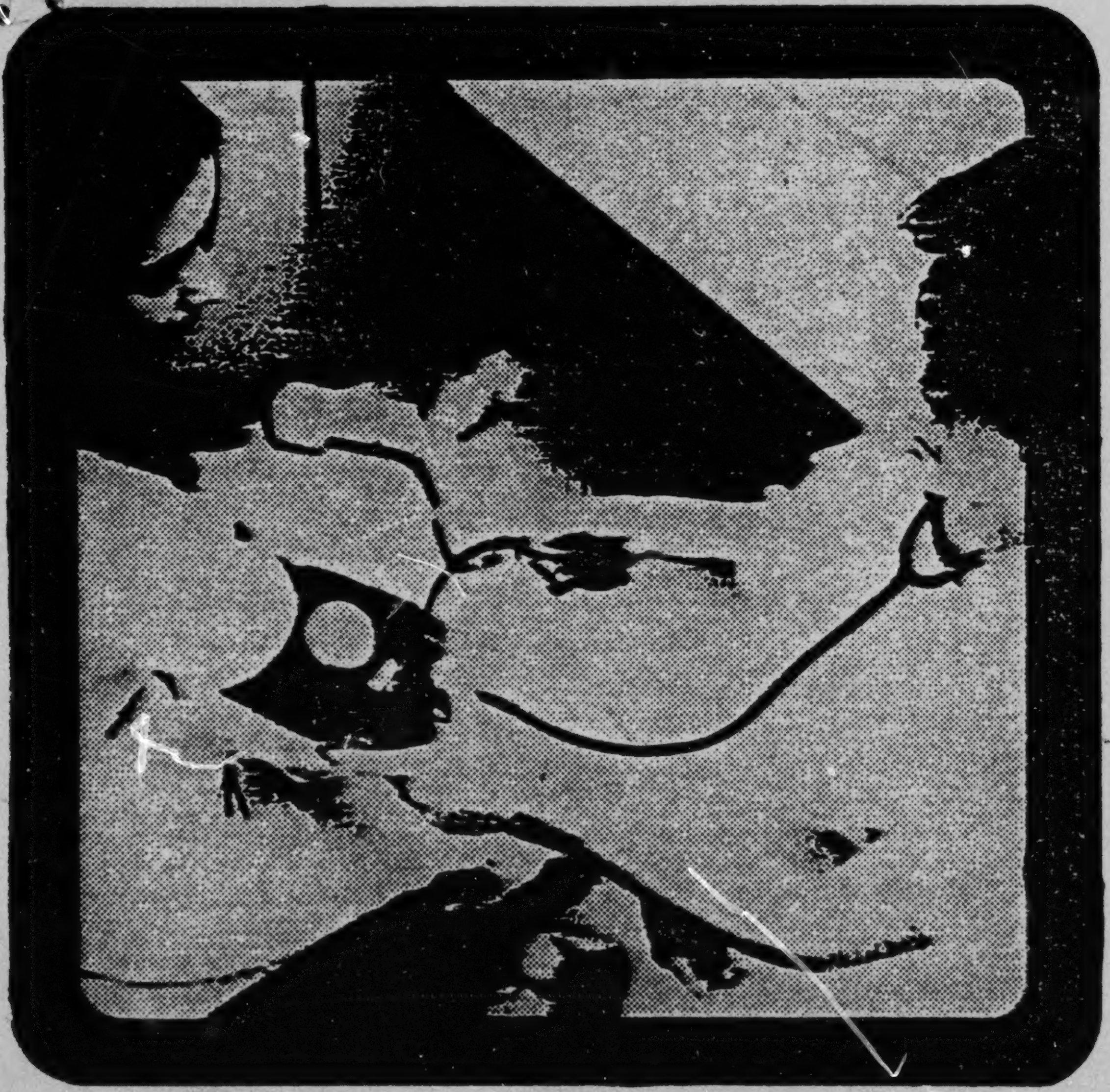
## JOB STEPS

### PART I.

1. Collect your materials.
2. When you are assigned to a field trip, get an evaluation form from your instructor. Before the field trip, read the form.
3. Take the form with you on the field trip and take down notes.
4. When it is completed, hand the form in to your instructor.

### PART II.

1. Read the material listed in the INFORMATION section of this module.
2. Listen to the guest instructor and/or films, etc.
3. Practice CPR.
4. Demonstrate CPR.
5. Ask the instructor to evaluate you.
6. Each time you complete one part of this module, be sure you are given credit for the correct number of hours.



# medical assistant

unit: Skill Building

capital area career center

module: 4401 15 004 date: 9/77 level: IV

skill title: Clinical Experience - Student Manager

developed & written by:

visuals by:

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to accurately coordinate many of the skills you have learned and to keep your cool in spite of constant pressure and interruptions.

### AND IN ORDER TO DO THIS YOU WILL NEED:

List of student manager duties

A one week assignment (twice - 25 hours total)

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You steadily work at your tasks.
2. You can accurately file.
3. You accurately record attendance.
4. You secure all equipment at the end of class.
5. You see to it that the clinic is always ready to use.
6. You successfully complete the clerical duties to meet the satisfaction of the instructor.
7. You clearly state what is to be done with any unfinished work for the other (AM or PM) student manager.

## INFORMATION

The Student Manager Tasks lists the duties required of the student manager:

1. Pick up attendance slip at Student Services.
2. Take attendance.
3. Return attendance slip to Student Services.
4. Pass weekly schedules, corrected paper, etc. to other students.
5. Give mods out to other students as requested.
6. Give reference materials out to other students as requested.
7. File mods and reference materials from the previous class.
8. Answer the M.A. phone (Medical Assistant, name).
9. Make out passes for the next day's schedule and post schedules and passes on bulletin board.
10. Do special assignments from your instructor.
11. If you have no special assignments, use the peg board to "charge" modules and "receipt" payment for returned modules.
12. Secure all equipment at the end of class.
13. When necessary, wash the blackboard.

## JOB STEPS

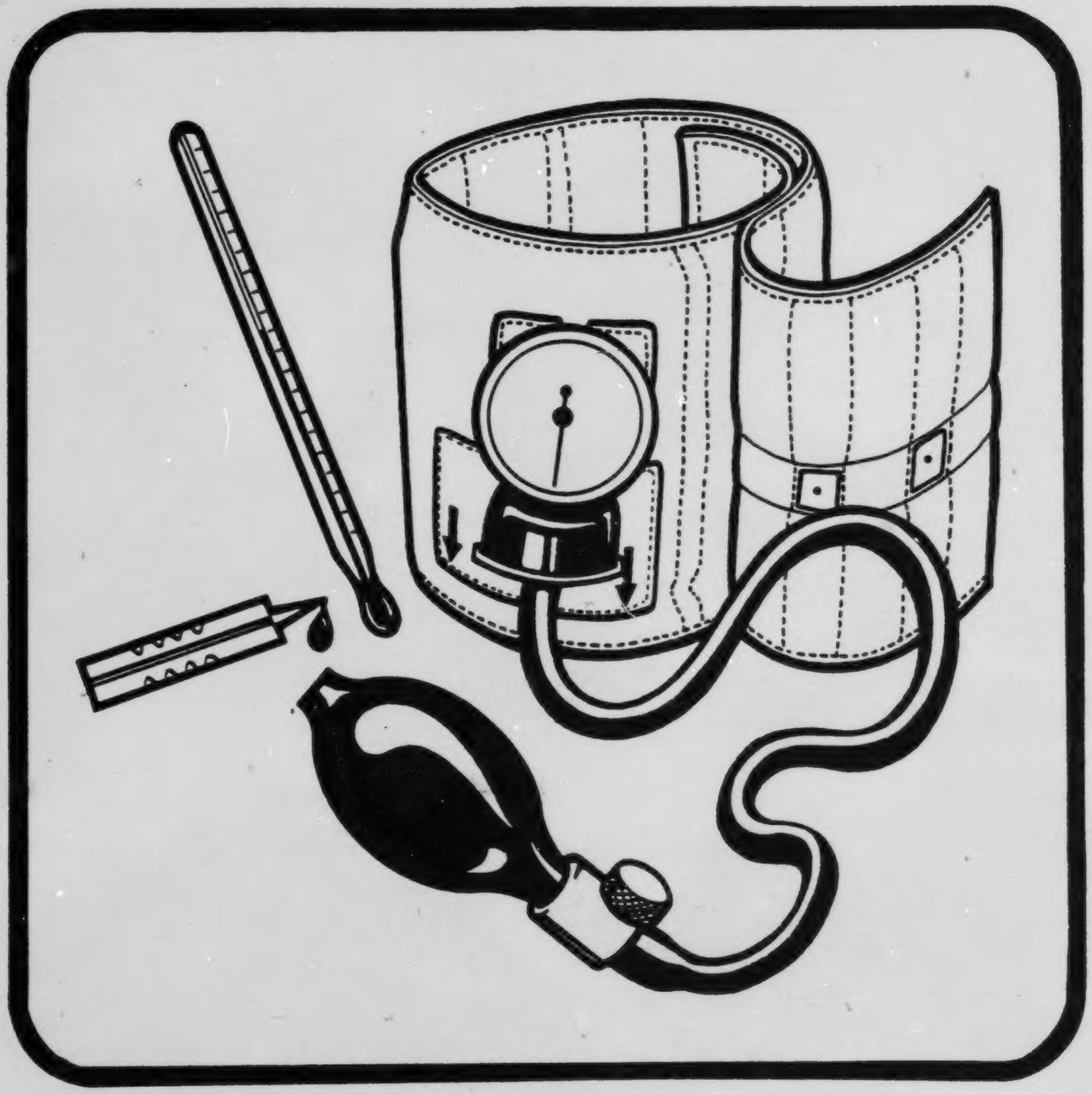
1. Collect your materials.

2. Read the Student Manager Tasks listed in the Information Section of this module.

3. Ask your instructor any questions you have regarding the tasks.

4. Ask your instructor for any special assignments.

5. At the end of each week, make certain you have been given credit for the correct number of hours.



# medical assistant

unit: MEDICAL ASSISTANT

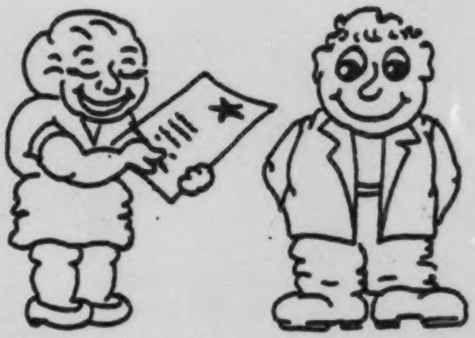
capital area career center

module: 4401 15 005 date: May 1977 level: IV

skill title: Clinical Experience - Physician's Office or Related Area

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel



## PERFORMANCE OBJECTIVE

**YOU ARE GOING TO LEARN:**

How to test your skills during a work experience.

**AND IN ORDER TO DO THIS YOU WILL NEED:**

A four week assignment in a physician's office or another related health area.

**WE WILL KNOW YOU CAN DO IT WHEN:**

You do your work so that the person who supervises your work experience gives you a satisfactory written evaluation.

## INFORMATION

Some Tips for a Successful Work Experience:

1. During your interview check to see what kinds of tasks you are independently allowed to perform and which ones you must wait for supervision before doing. Take the initiative in doing those tasks which you are independently allowed to do.
2. Remember, the most important person is the patient.
3. Remember that people on the job will be evaluating your performance. Review any mods you feel necessary before you begin work.

Read the Following Material:

Winning Ways With Patients, found in the file in classroom "reference to 4401 15 005".

## WORD GUIDE

Resume' - A summary of your occupational skills and personal qualifications.

## JOB STEPS

1. Collect your materials.

   Note: When you are ready for work experience, your instructor will make out a Request for Work Experience Form and send it to Student Services.

2. You are responsible for your transportation.

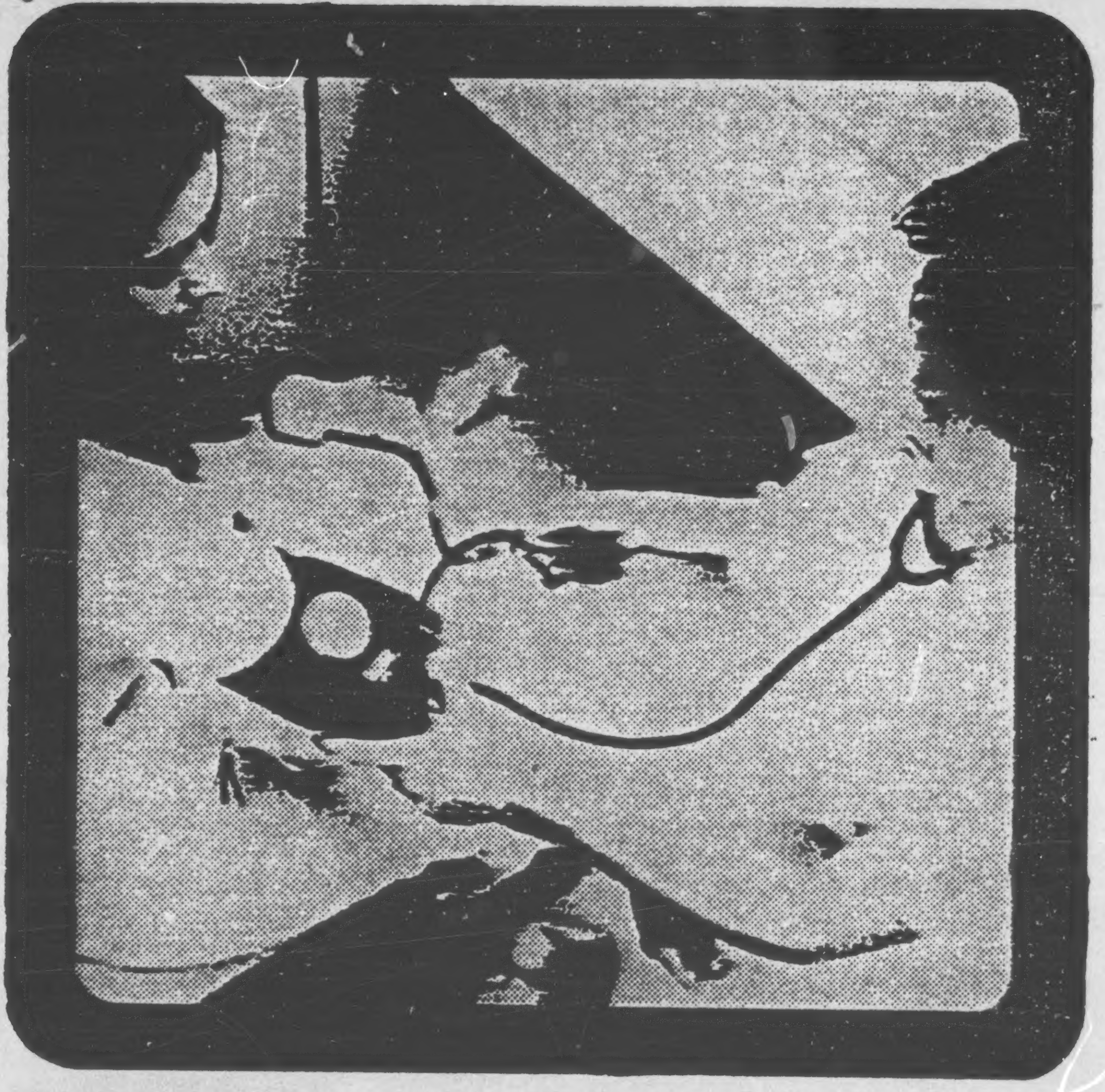
3. You are responsible for your uniform.

4. You are responsible for your resume'.

   Note: Your work placement coordinator at CACC will discuss work experience, with you and explain your duties.

5. If you have any questions or problems concerning your work experience, call your work experience coordinator or your instructor.

6. When you return from work experience, check in at Student Services.



# medical assistant

unit: Skill Building

capital area career center

module: 4401 15 006 date: 5/77 level: I

skill title: Spelling Skill Building

developed & written by: Beverly Varney

visuals by:

## WORD GUIDE

Medical Terminology - Words used by health care people.

General Terminology - Words used by anyone.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to increase your spelling skills.

### AND IN ORDER TO DO THIS YOU WILL NEED:

Medical and general terminology which you will be tested on every nine (9) weeks.

### WE WILL KNOW YOU CAN DO IT WHEN:

You can correctly spell at least 85% of the words.

## INFORMATION

An employer expects you to be able to accurately spell words.

During the nine weeks you will be given skill building words. Keep a list of these words and use "waiting" periods to study them.

## JOB STEPS

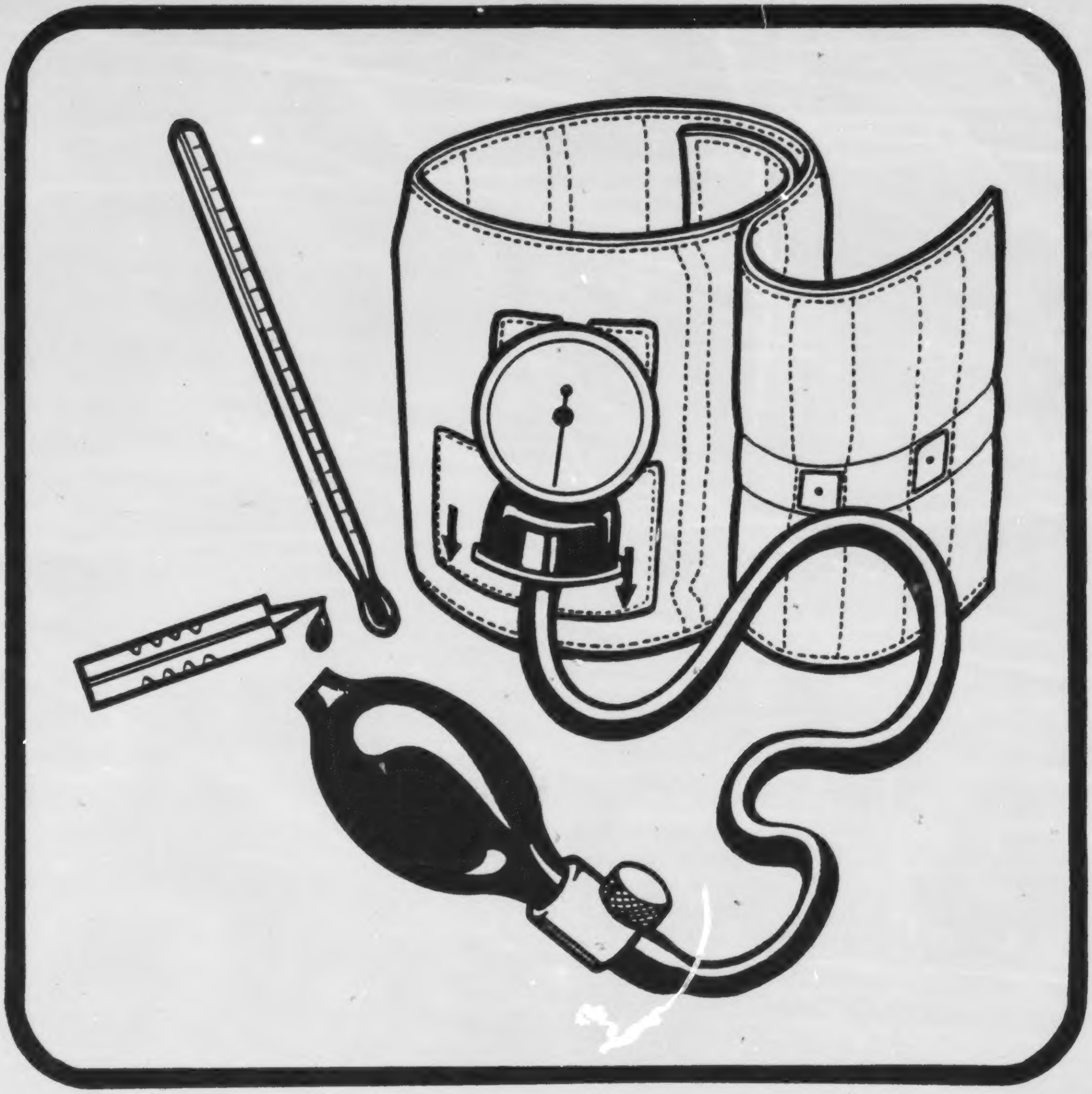
1. Collect your materials.

2. Copy the five (5) words you are given each week.

3. Study the words. Work with a classmate until you are sure you can spell them. Use these extra minutes in class to study, while you are waiting for your instructor and/or a piece of equipment.

4. Every nine weeks, complete the list given to you by your instructor.

5. If you pass with an 85% or higher score, be sure your instructor gives you credit for that segment of this module.



# medical assistant

unit: BOOKKEEPING

capital area career center

module: 4401 16 001 date: June 1977 level: III

skill title: How to Use the Pegboard System for Daily Receipts

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

## WORD GUIDE

**PEGBOARD** - A one-step accounting system.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to use the pegboard for daily receipts.

### IN ORDER TO DO THIS YOU WILL NEED:

Divided day sheet for pegboard

Carbon paper for pegboard

Pegboard

Receipt slips for pegboard

Pen

Folder with patient's record inside

Paper clip

Daily appointment book

Pegboard ledger cards

### WE WILL KNOW YOU CAN DO IT WHEN:

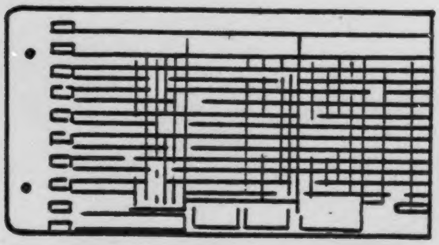
1. You fill out the day sheet and set up the carbon and receipt slips for the day.
2. You fill in all charges and information on the ledger card and receipt slips.
3. You keep the slip end in the office to be filed for a permanent reference.

## INFORMATION

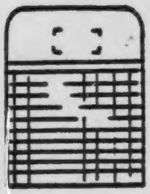
The following reference provides information about keeping track of patients' accounts: Medical Ofice Procedures, page 109, "Charges and Payments", to "Bills" on page 112.

Several companies make different styles of one step bookkeeping systems. Most of them involve the same basic parts. See illustration.

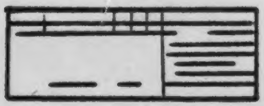
Pegboard



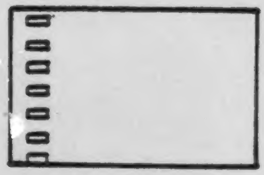
Day Sheet



Account Card



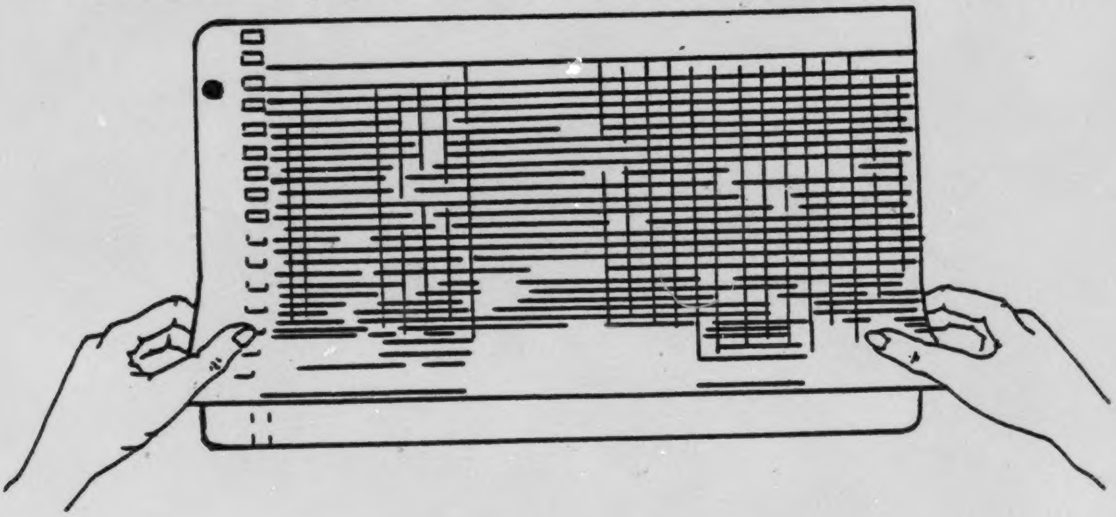
Receipt & Statement Slips



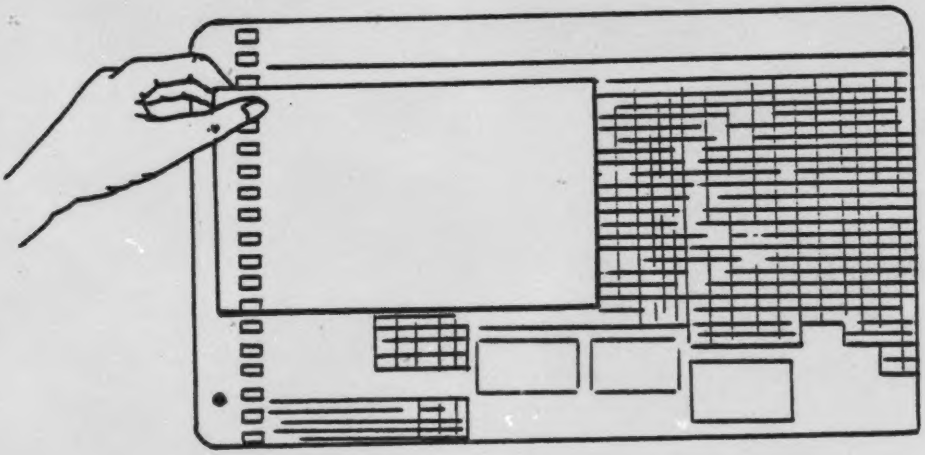
Carbon

## INFORMATION

To assemble the pegboard, lay the daysheet over the pegs.

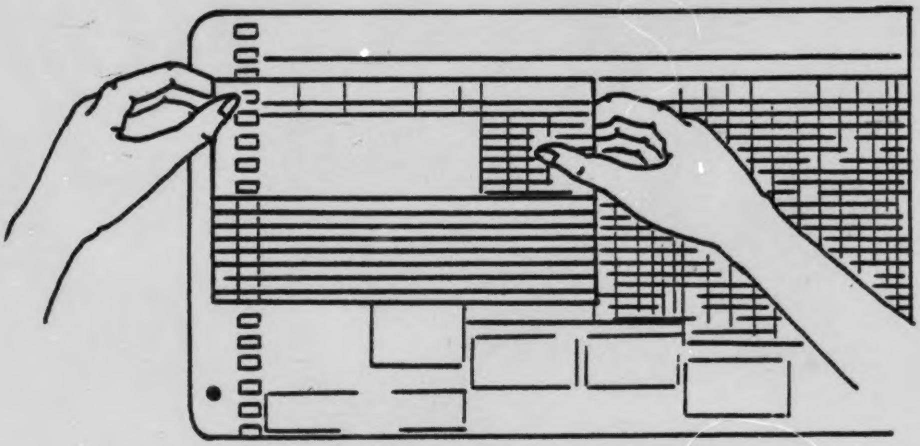


Then, lay the carbon over the pegs. Line up the top of the carbon with line one.

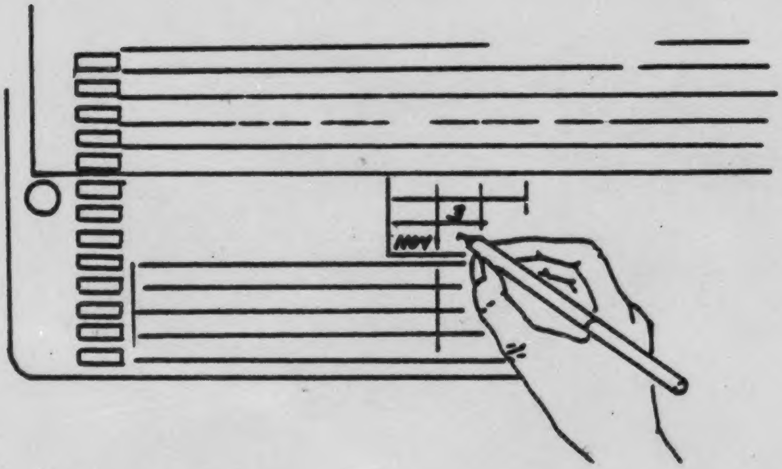


## INFORMATION

Now, lay the receipt slips on top of the carbon. Line up the top of the first receipt with line one.



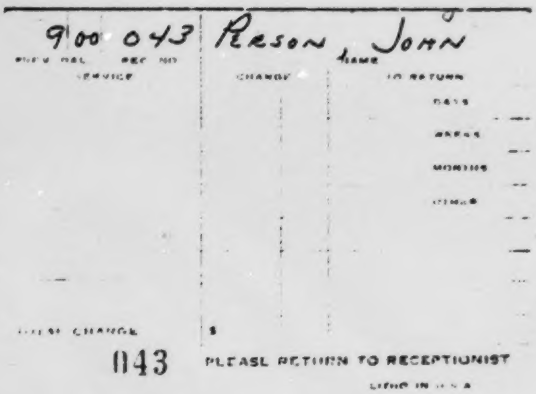
Write the date and the page number at the bottom of the page.



## INFORMATION

At this point, you would take your appointment book and pull the account cards for all the patient's scheduled that day.

When the first patient arrives, fill out the first receipt slip. Starting at the right hand blank, write the patient's name, last name first. In the blank marked Rec. No., write the number at the bottom of the slip. Be sure to press hard enough for the writing to imprint through the carbon. Look at the patient's account card. If there is an amount in the balance due column, write that amount in the space marked Prev. Bal.



9 00 043 PERSON, JOHN

PREV. BAL. REC. NO. NAME

SERVICE CHARGE TO RETURN

DAYS

WEEKS

MONTHS

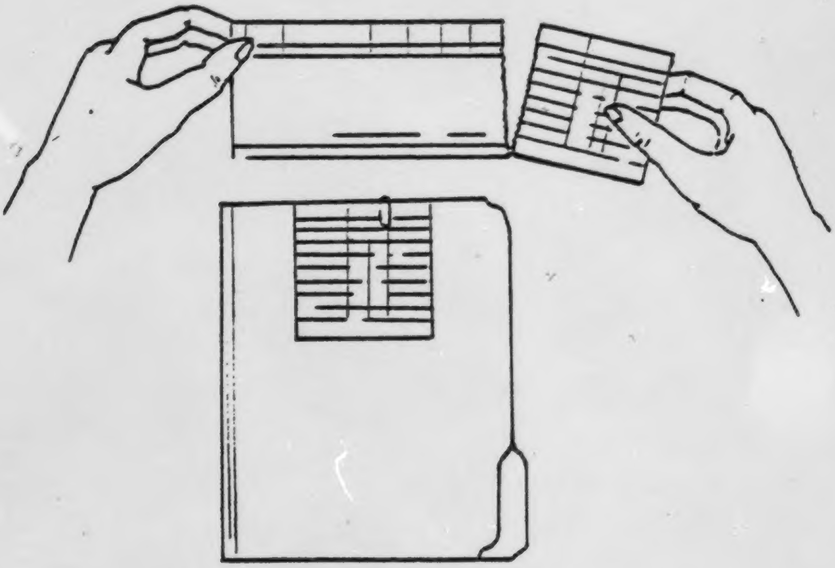
[illegible]

TOTAL CHARGE $

043 PLEASE RETURN TO RECEPTIONIST

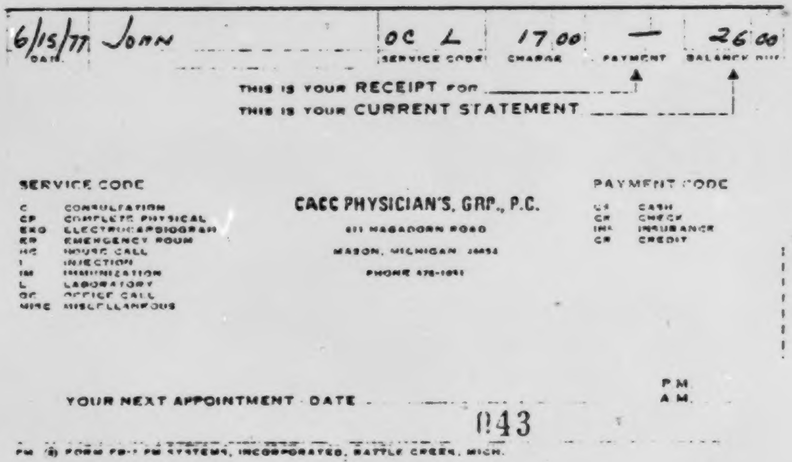
LITHO IN U.S.A.

When you completely fill out the receipt slip, tear it off at the perforated end, and clip it to the patient's chart.



## INFORMATION

When the doctor finishes with the patient, the patient should return wo your desk with the receipt slip. Other patients will come in while the doctor is with a patient. You will fill out several of the right hand slips, tear them off and attach them to the patient's record. Take the receipt slip from the patient and find the other half of the slip by matching the numbers. The doctor will write down what he did for the patient under "service". Take the patient's account card and slide it under the part of the slip with the matching number. Be sure the first blank line on the card is under the carbon part of the slip. Write today's date in the space labeled date. Write the patient's first name in the next space. In the space marked service code, write the appropriate code from the list on the slip. In the charge space, write today's charge. You will have a list of routine charges for your office. Figure the charge for today by adding the charges for the services the doctor listed.



| | | | | | |
|---|---|---|---|---|---|
| 6/15/77 | John | OC L | 17.00 | — | 26.00 |
| DATE | | SERVICE CODE | CHARGE | PAYMENT | BALANCE DUE |

THIS IS YOUR RECEIPT FOR
THIS IS YOUR CURRENT STATEMENT

SERVICE CODE

| | |
|---|---|
| C | CONSULTATION |
| CP | COMPLETE PHYSICAL |
| EKG | ELECTROCARDIOGRAM |
| ER | EMERGENCY ROOM |
| HC | HOUSE CALL |
| I | INJECTION |
| IM | IMMUNIZATION |
| L | LABORATORY |
| OC | OFFICE CALL |
| MISC | MISCELLANEOUS |

**CACC PHYSICIAN'S, GRP., P.C.**
HAGADORN ROAD
MASON, MICHIGAN
PHONE [illegible]

PAYMENT CODE

| | |
|---|---|
| CA | CASH |
| CK | CHECK |
| INS | INSURANCE |
| CR | CREDIT |

YOUR NEXT APPOINTMENT DATE
P.M.
A.M.

043

PM ® FORM PB-1 PM SYSTEMS, INCORPORATED, BATTLE CREEK, MICH.

Say to the patient: "Your charge for today is ________ and your past balance was ________. That makes a total of ________. Discuss fees quietly, so you do not cause embarrassment to the patient. Do not ask: "Do you want to pay it today?" If you simply make the statement, the patient should respond in some way. They may ask you to bill them. They may pay by cash, check or credit card.

The following formulas are for figuring the balances:

Previous Balance
+ Today's Charge

Amount Owed Today
- Amount Paid

Balance Due

Previous Balance
Today's Charge

Amount Owed Today
becomes balance
due when no payment
is made

If No Previous Balance
Today's Charge

Amount Paid

Balance Due

OR

Today's Charge
becomes balance
due when no
payment is made.

Tear the completed receipt slip off and give it to the patient.

## WORD GUIDE

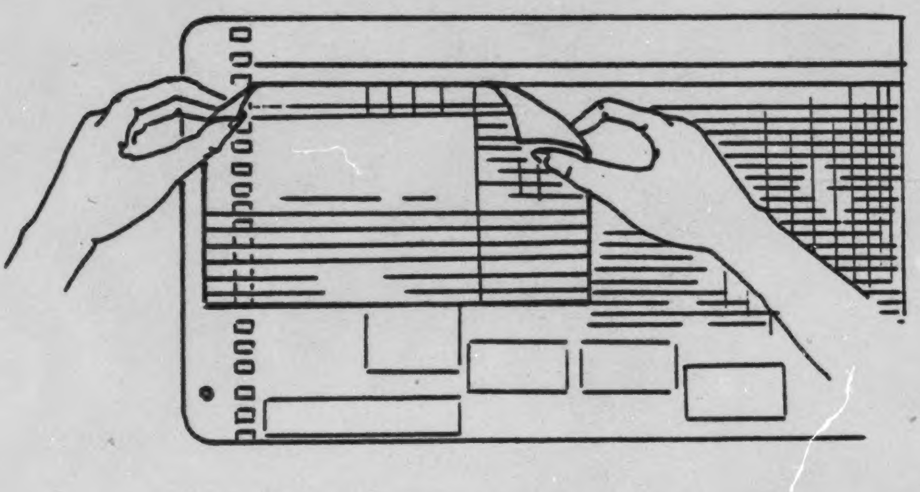
CS - Cash

CK - Check

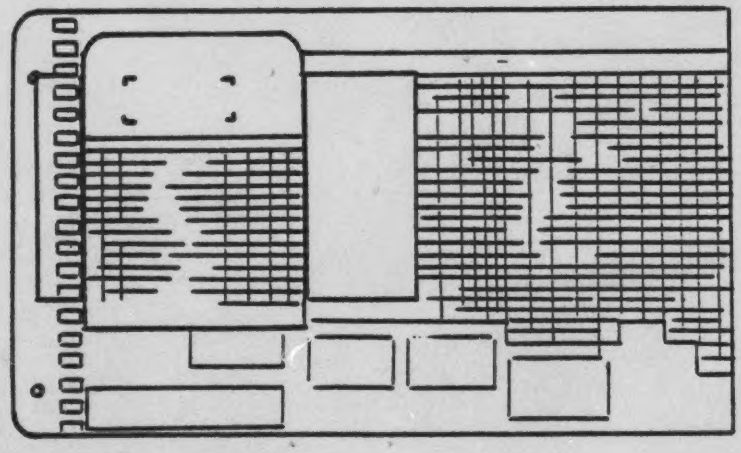
INS - Insurance

## INFORMATION

You may also need to record payments made by check. To do this, remove the shingled receipts from the pegboard.



Lay the account card directly on the carbon paper. Line up the first blank line on the card with the first blank line on the day book sheet.



## INFORMATION

Begin at the right side and write the person's name, last name first, in the right hand column on the day book page.

Put a line ———— in the space which says Rec. No.

Write the previous balance, from the account card, in the Prev. Bal. space.

Now move to the left of the account card and write in the date. In the code space, write the apyment code: CS, CK, or INS.

Draw a line ———— in the charge column.

Write the amount paid in the paid column.

Subtract the amount paid from the balance and enter that amount in the balance column. If paid in full, draw a line ———— in the balance column.

When you receive a check from an insurance company, like Blue Shield, you may receive payment for several patients in one check. There will be an itemized list attached which will tell you how much to record as paid by INS for each patient.

If a patient pays cash, you will follow the same procedure you used for checks; except use a receipt slip so you are able to give a receipt to the patient.

## WORD GUIDE

ECG - Electrocardiogram.

HGB - Hemoglobin.

WBC - White blood count.

TC - Throat culture.

## JOB STEPS

1. Gather your materials and assemble the pegboard for use.

2. The following people have appointments for today. Pull their account cards from the card file; Ann Person (Mrs. John), Kenneth Snow, Susie Simon.

3. Before continuing, show the account cards to your instructor. Since other students have used the cards, the balance may need to be corrected in order to match the mod sample.

4. Use the following information to fill out the pegboard.

Mrs. John (Ann) Person — Previous Balance: $31.00
7221 Delta Avenue
Omega, Michigan 72000 — Payment Made: (cash) 35.00

Service: Office call and injection

Mr. Kenneth Snow — Previous Balance: None
201 Arrow Avenue
Omega, Michigan 72606 — Payment Made: (check) $65.00

Service: Complete Physical, ECG, HGB, Urinalysis

Susie Simon (Father: Simple Simon) — Previous Balance: $ 3.00
818 Pieman Avenue
Omega, Michigan 72606 — Payment Made: None

Service: Office call, TC, WBC

## JOB STEPS

Use the following charges to complete your receipts.

| | | |
|---|---|---|
| Office call | $15.00 | |
| Complete physical | 35.00 | |
| Pelvic exam | 3.00 | (In addition to office call) |
| Electrocardiogram | 35.00 | |
| Injection | 5.00 | |
| White blood count | 3.00 | |
| Hemoglobin | 2.00 | |
| Urinalysis | 3.00 | |
| Throat culture | 3.00 | |

Payment received by check:

| | |
|---|---|
| Karin Thompson | $72.00 |
| Jane Brownfield | 6.00 |

Cash payments:

| | |
|---|---|
| Sue Allen | $10.00 |

5. Have your instructor check your work.

6. Be prepared to go through another situation with your instructor acting as the patient. Remember, you must do the following:

   a. Correctly fill out both parts of the slip.

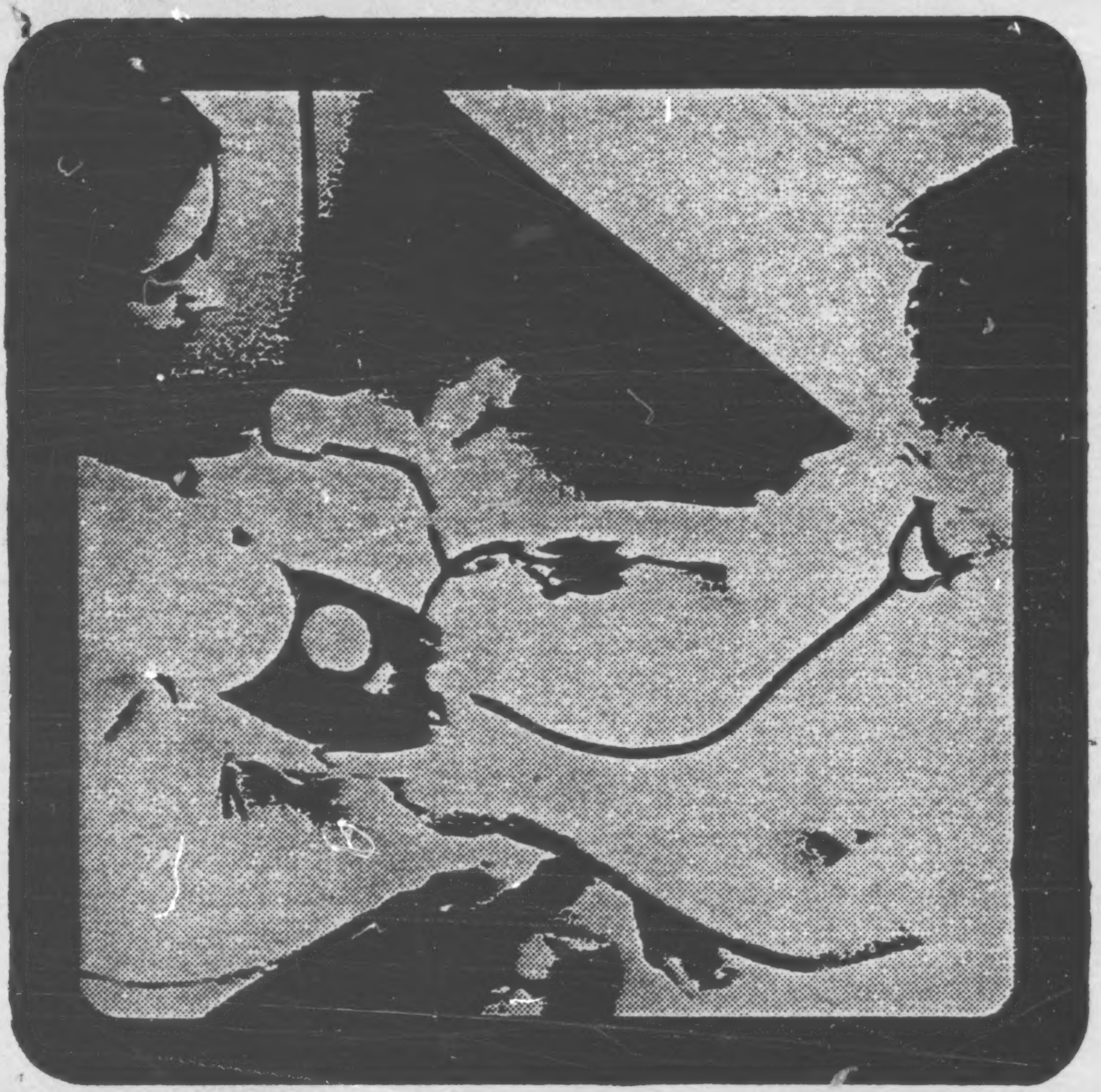
   b. Make sure your writing goes through the carbon.

   c. Check your arithmetic.

   d. Tell the patient the balance due.

   e. Give the patient a receipt.

NOTE: In another mod, you will learn how to balance your page at the end of the day.



# medical assistant

**unit:** Bookkeeping

## capital area career center

**module:** 4401 16 002 **date:** 9/77 **level:** III

**skill title:** How to Prepare Statements for Mailing to Patients With Overdue Accounts

**developed & written by:** Beverly Varney

**visuals by:** Sandra Gastomski

WORD GUIDE

STATEMENT - Bill

OVERDUE - Money owed for more than 30 days.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to prepare statements for mailing to patients with overdue accounts.

### IN ORDER TO DO THIS YOU WILL NEED:

Statements
Typewriter
Ledger cards with accounts 30 or more days overdue

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You type the statement using the correct address form, name, and balance due.
2. You write a note to the patient concerning the balance due.

## INFORMATION

The following references provides you with necessary information:

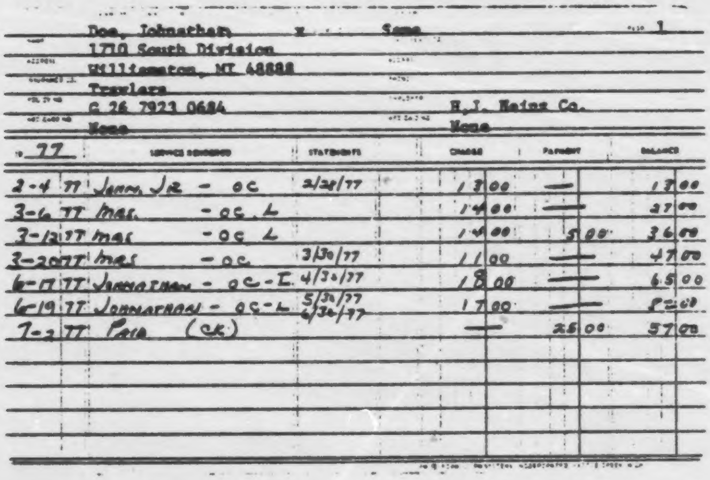
Medical Office Procedures, Bredow, "Bills, pages 112-118.

Secretary's Portfolio of Letters, Parker Publishing Co. Chapter I, A, B, C, D. File Folder 16-2 - Classroom file.

Your Roles As A Medical Assistant, Hardy & Martin, Chapters 10 & 12.

Collecting money from patients with unpaid accounts is a big job. The practice of medicine is a humanitarian, service-type profession. It is also a business which must pay rent, utilities, salaries, and other expenses. Collections are important.

Look at the account card below:



Doe, Johnathan M Same 1
1710 South Division
Williamston, MI 48888
Travlers
G 26 7923 0684 H.J. Heinz Co.
None None

| 77 | SERVICE RENDERED | STATEMENTS | CHARGE | PAYMENT | BALANCE |
|---|---|---|---|---|---|
| 2-4 77 | Jonna Jr - OC | 2/28/77 | 13 00 | — | 13 00 |
| 3-6 77 | Mac. - OC. L | | 14 00 | — | 27 00 |
| 3-12 77 | Mac - OC L | | 14 00 | 5 00 | 36 00 |
| 3-20 77 | Mac - OC | 3/30/77 | 11 00 | — | 47 00 |
| 6-17 77 | Johnathan - OC - I. | 4/30/77 | 18 00 | — | 65 00 |
| 6-19 77 | Johnathan - OC - L | 5/30/77<br>6/30/77 | 17 00 | — | 82 00 |
| 7-2 77 | Paid (ck) | | — | 25 00 | 57 00 |

You can see that Mr. Doe has been letting his balance build up over a four month period. He made only one small payment. One correct way to bill this account would be the following:

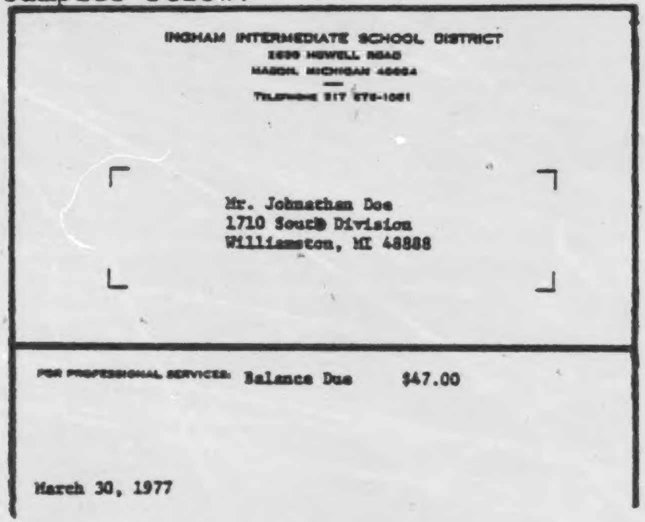
2/28/77 - Just state the balance due.
3/30/77 - Just state the balance due.
4/30/77 - State the balance due and write "May we please hear from you soon."
5/30/77 - State the balance due and write "May we please receive a payment or hear from you regarding your

## INFORMATION

bill before June 15.

6/30/77 - State the balance and write "We have not received payment nor heard from you about your bill. If we do not hear from you by July 10, we will be forced to contact a collection agency."

Look at the samples below:



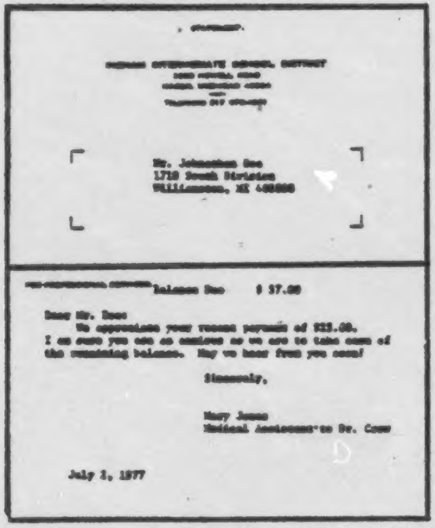
INGHAM INTERMEDIATE SCHOOL DISTRICT
2630 HOWELL ROAD
MASON, MICHIGAN 48854
TELEPHONE 517 676-1051

Mr. Johnathan Doe
1710 South Division
Williamston, MI 48888

FOR PROFESSIONAL SERVICES: Balance Due $47.00

March 30, 1977

When you receive payment, be sure to acknowledge it.



Sincerely,

It is important to look over the patient's payment record in order to get an idea of their payment "history". If they have always paid their bills and suddenly begin to slack off with their payments you may want to contact them by phone.

## INFORMATION

There may be some financial problem. You probably will not "get tough" with a person who has always paid their bills. You should be firmer with a patient who has a "history" of non payment.

## JOB STEPS

1. Get the account cards from the file and collect the rest of your materials.

2. Look at the last date in the "statements" column. Pretend it is one month later than that date. Send a statement to the patient. Statements are usually sent monthly.

3. Ask yourself these questions:

   When was the last payment made?
   How much money is owed?
   How long has it been owed?
   Has this patient usually paid?
   Has this patient always been difficult to collect from?

4. Look at the sample letters in the Medical Office Procedures reference and in Secretary's Portfolio of Letters. If a letter is necessary, choose one which fits the situation.

5. Check your choices with your instructor.

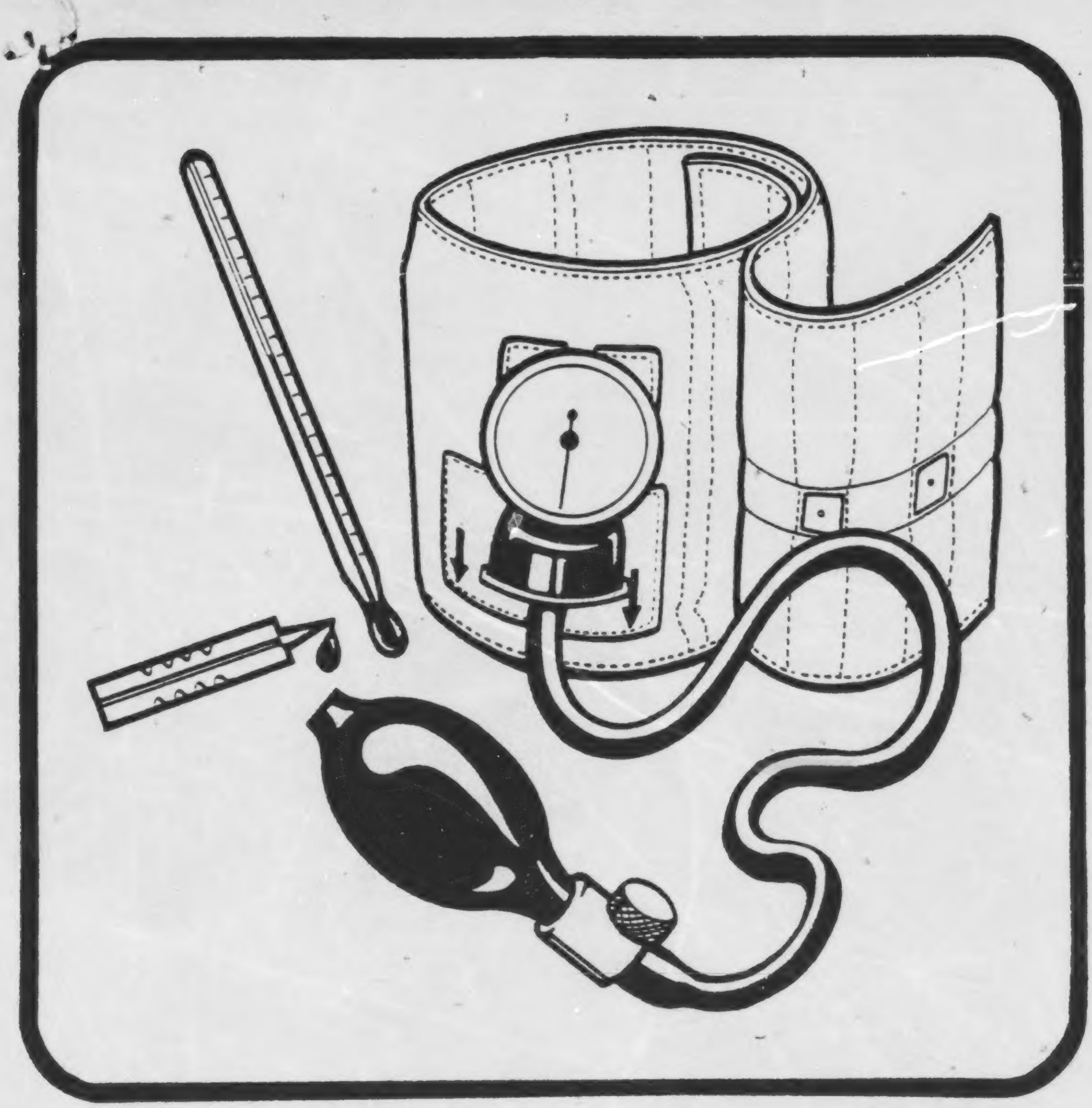
6. Get three statements and type the statements ready for mailing.

7. Have your instructor check your work.

8. Be ready to answer the following points:

   A. Name five things you need to consider before billing a patient.

   B. How often will you send statements?



# medical assistant

unit: BOOKKEEPING

capital area career center

module: 4401 16 003 date: May 1978 level:

skill title: Receiving Payment with Bank Cards or Master Charge Cards

developed & written by: Beverly Varney

visuals by:

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to receive payment with a Bankcard or Master Charge

### IN ORDER TO DO THIS YOU WILL NEED:

1. Sales Draft
2. Sales draft machine from Master Charge or Bankcard, etc.
3. Pen
4. Patient's chart
5. Charge card
6. Patient

### WE WILL KNOW YOU CAN DO IT WHEN:

1. The card has the patient's name, all services received, and amount of charges.

2. The charge machine imprint comes through on the card.

3. The patient signs the card.

4. The patient is given the customer copy and charge card.

## JOB STEPS

1. Get a sales draft from the storage area.

2. Get the information from the office charge slip.

3. Itemize services rendered and the amount charged for each service in the right place.

4. Add total of charges.

5. Put total in total box.

6. Write in the date.

7. Place Bankcard on the sales draft machine in its proper place so that:

    a. the embossed side is facing upward.
    b. the figures on the card are right side up.

8. Place the sales draft on the charge slip machine so that the box provided for the information on the sales draft is over the charge card.

9. Slide the handle across the charge slip and card so that the following information is imprinted on the sales draft:

    a. the patient's name
    b. patient's charge number
    c. doctor's name
    d. doctor's account number

10. Double-check to be sure all information is imprinted on the sales draft.

## JOB STEPS

11. Remove the sales draft and card from the machine.

12. Hand the sales draft to the patient for signature.

13. Take the sales draft when patient finishes.

14. Look at the last copy of the draft and check that the signature is visible.

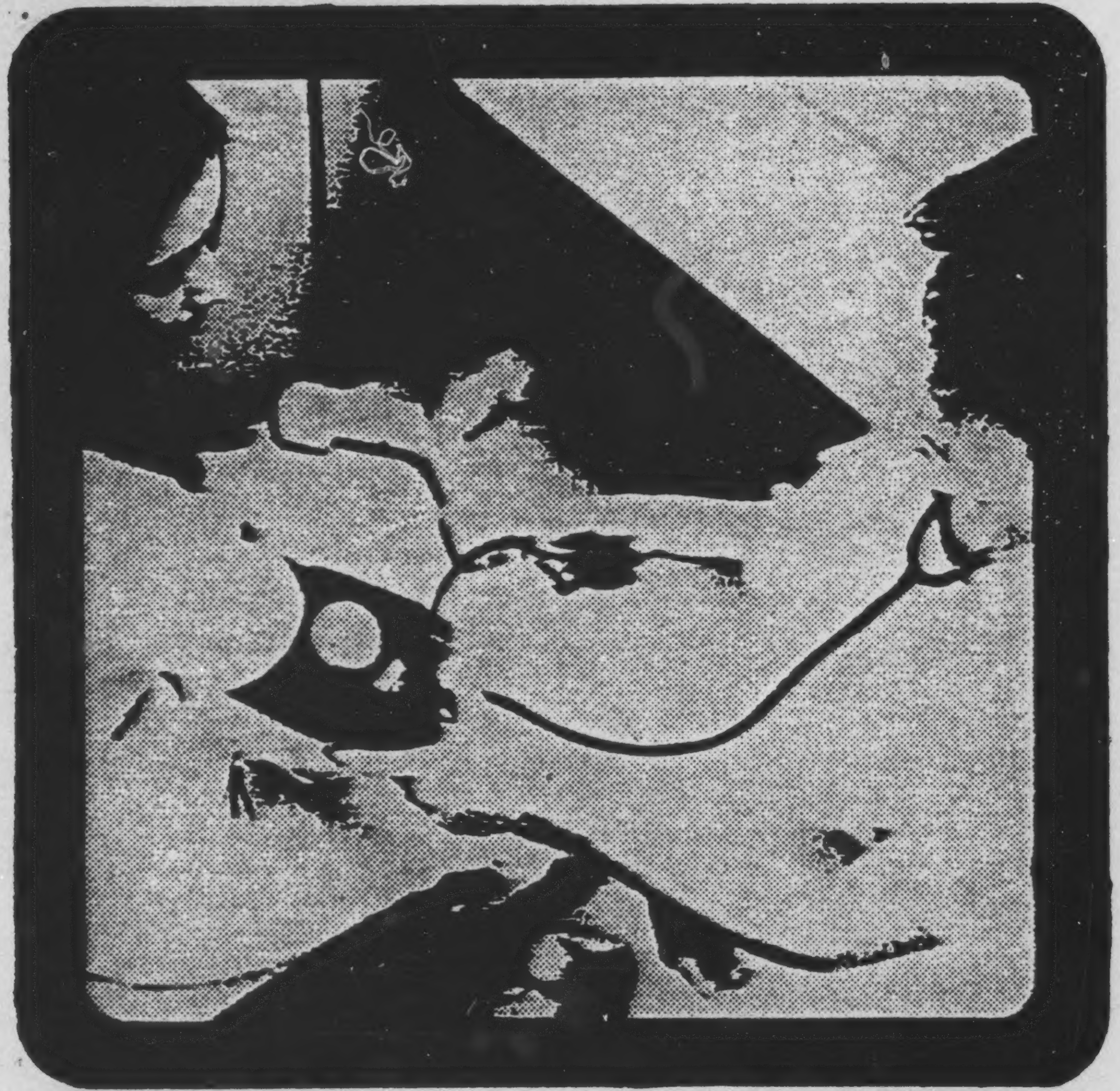
15. Tear off the "customer copy" of the draft.

16. Hand the "customer copy" to the patient.

17. Hand the charge card to the patient.

18. Say "Thank you".

19. Put sales draft with other monies.



# medical assistant

**unit:** Bookkeeping

## capital area career center

**module:** 4401 16 004 **date:** 6/77 **level:** III

**skill title:** How to Schedule a Patient's Appointment

**developed & written by:** Beverly Varney

**visuals by:** Sandra Gostomski

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to schedule a patient's appointment.

### IN ORDER TO DO THIS YOU WILL NEED:

Appointment book page

Pencil

A set of appointments to record

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You have allowed enough time for the doctor to see each patient.
2. You have crossed out areas in the book where patients should not be scheduled.
3. You write clear enough so other people are able to read your writing.
4. You have used a pencil to record the appointment.

## INFORMATION

The following information tells you about different appointment books and procedures.

Medical Office Procedures, Bredow, Page 31 to "House Visits" on page 41.

The following questions should be asked of a patient when they call for an appointment.

1. Ask the caller's name. Write the name on your scratch pad.

2. Ask what the appointment is for. Write the basic information the caller gives you on the scratch pad.

3. Ask who the appointment is for and if appropriate, ask how many family members the appointment is for. If the names are different from the caller, write this on your scratch pad.

4. Ask if the caller is a new patient. Write this on your scratch pad.

4. From this information, estimate how long the appointment will take. Write this on your scratch pad. Most doctors schedule one patient for each 15 minutes, unless it is for a detailed examination.

6. Determine the urgency of the appointment by considering the following factors:

    A. The duration of the sickness (How urgent is it for the patient to see the doctor).

    B. Is an accident involved (Is this an emergency?)?

    C. Is it a new patient (New patient's require more time)?

    D. Is office surgery likely to be required (Surgery requires a longer time)?

    E. Is it a post-hospital visit (Will you need special instruments?)?

    F. Is it for a partial or complete physical (Complete physicals take longer)?

    G. Is it for consultation about personal problems (Often requires 1/2 to 1 hour)?

## INFORMATION

H. Is there lab work involved (Allow yourself time for this)?

I. How long will it take to prepare for the patient to see the doctor (Will you have time to do this?)?

7. When you have determined the urgency of the appointment and the length of time required, look through your appointment book.

8. Find the earliest date and time available. You will need to estimate the time required for the appointment.

9. Tell the caller the date and the hour you have available for the appointment.

10. Ask the caller if this time is convenient.

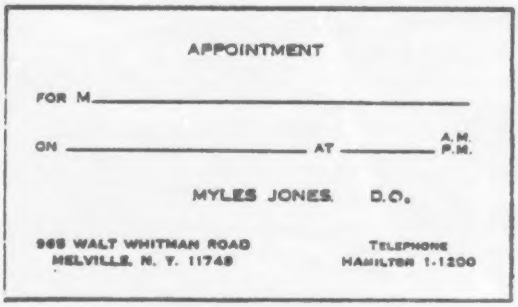
11. If the caller agrees to the appointment time, write the patient's name and the purpose for the appointment in the appointment book in the appropriate place.

12. For new patients, also write the phone number.

13. Repeat to the patient the purpose and time of the appointment.

14. Politely break off the call and put down the receiver.

When patients are in the office and the doctor wants them to return for another visit, the doctor will tell you the time (two weeks, one month, etc.) for them to return. You should check the appointment pages near that date and set a convenient time for the visit. Write the appointment in the book and give the patient an appointment card.



APPOINTMENT

FOR M________________________

ON ______________ AT ________ A.M. P.M.

MYLES JONES D.O.

965 WALT WHITMAN ROAD
MELVILLE, N. Y. 11749

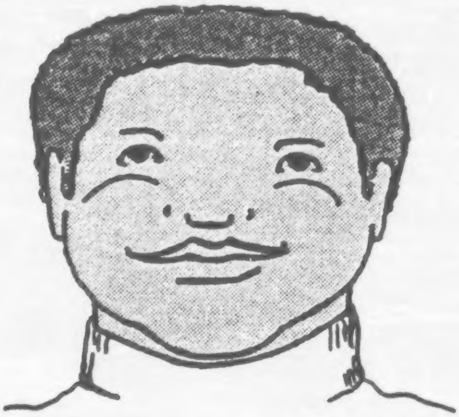
TELEPHONE
HAMILTON 1-1200

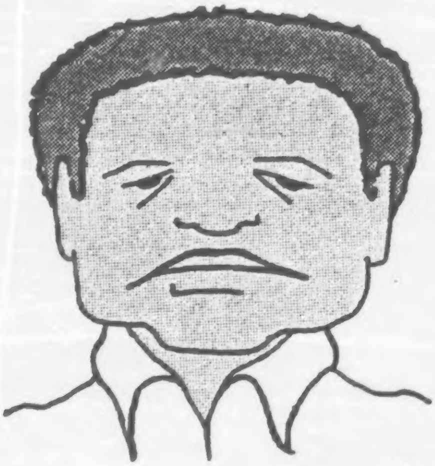
## INFORMATION

The following reference provides you with information on how to plan your time with patient appointments.

Chapter 7 of Yours Roles As A Medical Assistant by Hardy & Martin.

Doctors are rarely on time with their appointments. Many times, a doctor will have an emergency case, or a patient took longer than you estimated, or the doctor spent more time at the hospital than was expected. Frequently, patients will complain to the Medical Assistant about this. They rarely complain to the doctor. If you can answer their complaint with a friendly, sympathetic manner, you will get "good grades" from your employer and the patients.





Which Medical Assistant would you like best if you were a patient?

## WORD GUIDE

| | |
|---|---|
| D & C | Abbreviation for dilatation and curettage (of the cervix and uterus). |
| HYSTEROPEXY | Permanent fixation of the uterus. |
| O. B. | Abbreviation used for pregnancy, from obstetrics. |
| SUTURES | Stitches |
| ABD. | Abbreviation for abdomen. |
| INFERTILITY | Inability to conceive a child. |
| SALES REP. | Salesman |
| HYSTERECTOMY | Removal of the uterus. |
| I. U. D. | Contraceptive - Intrauterine Device. |

## JOB STEPS

1. Gather your equipment.
2. Write the following information on an appointment book page. There will be six columns (one for each day) on the page. Write in the dates at the top: Monday, December 17, Saturday, December 22.

   NOTE: Always use pencil so you can change appointments if necessary.

The office hours are 9-12 A. M. and 2-5 P. M. 12:00 - 2:00 is lunch time.

Dec. 17 Sparrow Hosp., Margaret Swenson, D & C, 10 a.m. (Allow 30 minutes)
10:30 a.m. - Sparrow Hosp., - Louise Payne - Hysteropexy and Vaginal repair (Allow 2 hours)

| | | | |
|---|---|---|---|
| Dec. 18 | 2 p.m. | Shirley Lambert | - routine O. B. |
| | 2:15 | Marcil Walter | - routine O. B. |
| | 2:30 | Sonia Kaplan | - routine O. B. |
| | 2:45 | Janice Conner | - Post-surgery check; remove sutures |
| | 3 p.m. | Mary Loeb | - routine O. B. |
| | 3:15 | Helen Burrows | - new patient, complete work-up<br>phone: 372-4894 |
| | 4 p.m. | Ken Handy | - Professional Management, business consultation |

## JOB STEPS

6:30 Medical staff dinner meeting at Ingham Medical Hospital.

**Dec. 19** 8 a.m. to 12:00 Teaching rounds with M. S. U. medical school students.
2 p.m. Hope Beals - Abdominal pain, complete physical
2:45 Irma Stern - routine O. B.
4 p.m. Myrtle Field - dressing change

**Dec. 20** Doctor's day off

**Dec. 21** 10 a.m. Sheila McManus - new patient, pregnancy counseling. Phone: 626-4777
11 a.m. Elisabeth Gordon - referral from Dr. Klotz, infertility problem
2 p.m. Save one hour for dictation of letters and doing insurance forms.
3 p.m. David Olson - Cenco Corp. Sales Rep.
3:15 John Newcomb - Searle Co. Sales Rep.
3:30 Ms. Varney - Capital Area Career Center, re: Medical Assistant Program
3:45 Jane Walters - post hysterectomy check
4:00 Connie Rather - insert I. U. D.

**Dec. 22** 8 - 10 a.m. Teaching rounds at Sparrow with MSU students.

3. Answer the following questions and be prepared to discuss them with your instructor.

A. On December 21, why wasn't Elisabeth Gorden scheduled at 10:15 a.m.?

B. A patient called at 2:00, December 21, with heavy vaginal bleeding and the doctor wiches to see her that day. What would be the best time to schedule her?

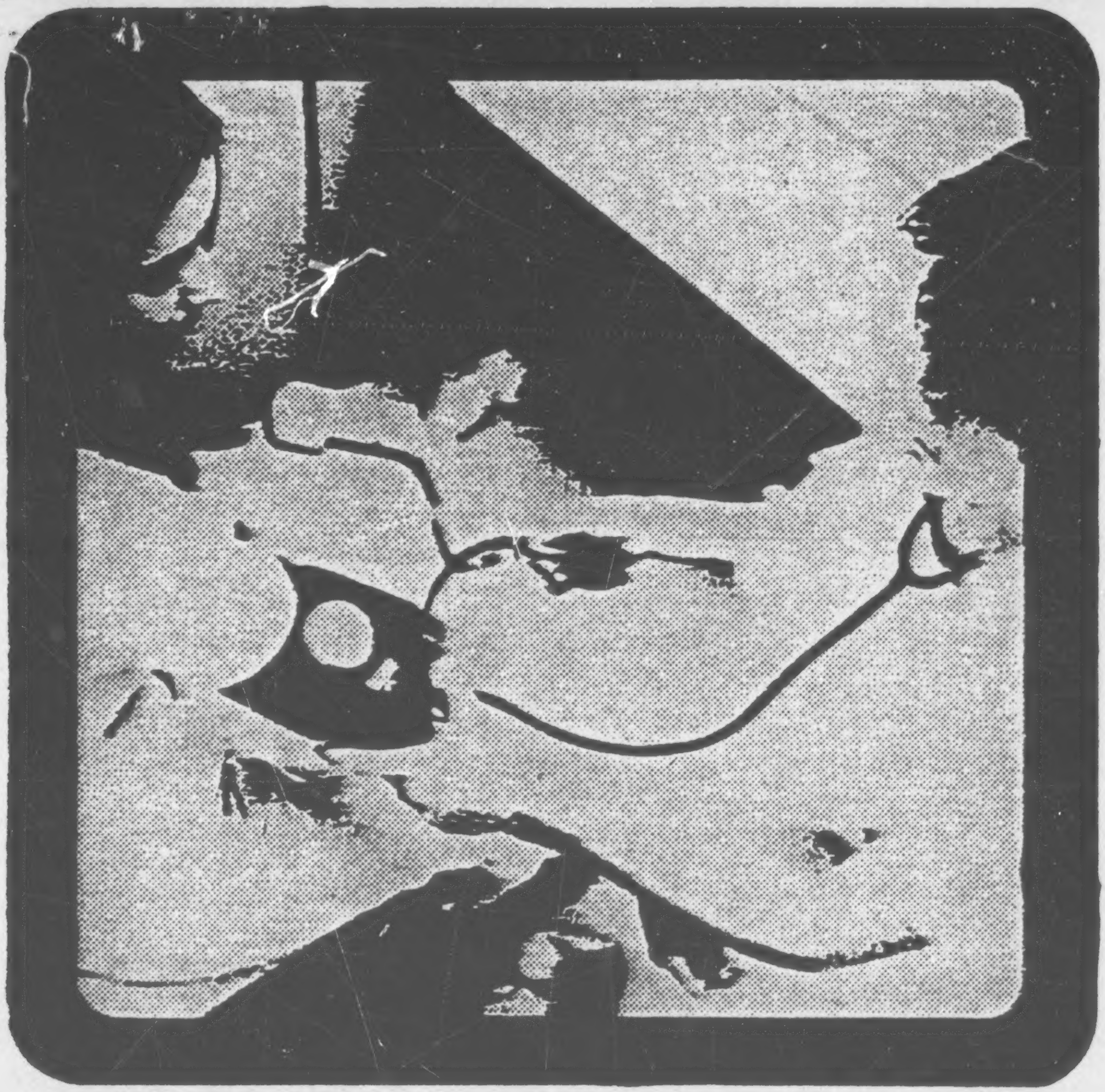
C. On December 18, Mrs. Kaplan calls to say her car won't start and asks you to reschedule her appointment. When would you give her a new one?

Name nine points you need to ask yourself or the patient in order to schedule an appointment.

4. Check your work with your instructor.

5. Save your appointment book page. You will need it for module 16-5.

6. Put away all materials.



# medical assistant

**unit:** Bookkeeping

capital area career center

**module:** 4401 16 005 **date:** 6/77 **level:** III

**skill title:** How to Change Patient Appointments

**developed & written by:** Beverly Varney

**visuals by:**

## PERFORMANCE OBJECTIVE

## YOU ARE GOING TO LEARN:

How to change a patient's appointment.

## AND IN ORDER TO DO THIS YOU WILL NEED:

Appointment book

Pencil

Telephone

Appointment

Appointment book you used in mod 4401 16 004

## WE WILL KNOW YOU CAN DO IT WHEN:

1. You inform the patient so he/she understands the reason for cancellation.
2. You give the patient an appointment as soon as possible, at their convenience.
3. You have lined out the cancelled appointment and initialed it.
4. You have recorded the new appointment.

## INFORMATION

There are several reasons why you may need to change a patient's appointment:

A. The patient may request a change
B. The doctor may be called out of the office for an emergency.
C. The appointment may have been scheduled far in advance and the doctor has since scheduled a day off or a vacation.

If you must cancel an appointment, it will be necessary for you to call the patient, explain what has happened, and then schedule a new appointment.

The following situation provides a sample conversation between the medical assistant and patient:

Patient: Hello

M. A.: This is Kim from Dr. Dunn's office. Is Mrs. Oliver there?

Patient: This is Mrs. Oliver.

M. A.: Mrs. Oliver, we have you scheduled for an appointment on October 20 at 3:00 p.m. The doctor will be out of town that day. I'd like to schedule another time for you.

Patient: May I have it at the same time?

M. A.: Sure, how will October 24 at 3:00 p.m. be?

Patient: That will be fine.

M. A.: Thank you very much. We'll see you at 3:00 on the 24th. Goodbye.

Patient: Goodbye.

## INFORMATION

Patient: Hello

M. A.: This is Kim from Dr. Dunn's office. Is Mrs. Oliver there?

Patient: This is Mrs. Oliver.

M. A.: Mrs. Oliver, Dr. Dunn was just called to the hospital for an emergency. May I change your appointment from 3:00 p.m. today to 3:00 p.m. on Friday?

Patient: I can't come on Friday.

M. A.: Well--how about Monday?

Patient: O. K.

M. A.: Will 1:00 p.m. be alright?

Patient: Yes.

M. A.: Thanks for changing. Sorry we had to inconvenience you. See you at 1:00 p.m. Monday. Goodbye.

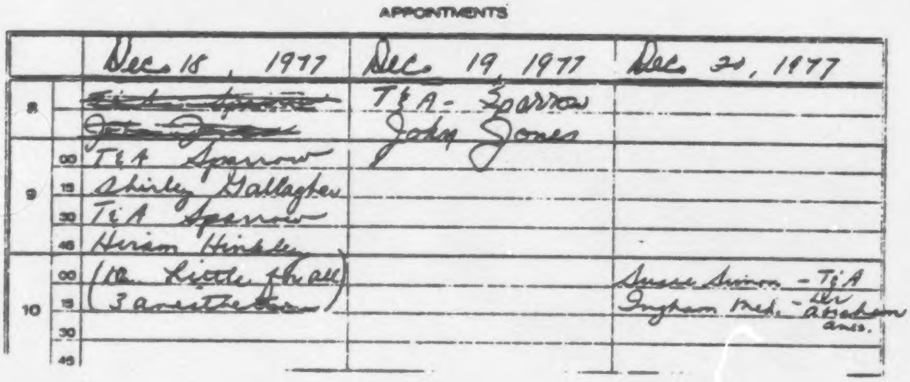
## WORD GUIDE

**LABOR** - The body process which comes before the birth process

**DELIVERY** - The procedure used at the birth of a baby.

## JOB STEPS

1. Use the appointment book page from module 4401 16 004.
2. Look at the December 19 column.
3. At 2:15 p.m. on December 19, the hospital calls to say a patient is in labor and the doctor leaves for the delivery. It will take him 1½ hours to go to the hospital, deliver the baby, and return. Choose which appointments you must change.
4. With a classmate, practice the phone calls to the patients.
5. Write the new appointments on the appointment page.
6. Cross out the changed appointments.



APPOINTMENTS

| | | Dec. 18, 1977 | Dec. 19, 1977 | Dec. 20, 1977 |
|---|---|---|---|---|
| 8 | | ~~[illegible]~~ | T&A - Sparrow | |
| | | ~~[illegible]~~ | John Jones | |
| 9 | 00 | T&A Sparrow | | |
| | 15 | Shirley Gallagher | | |
| | 30 | T&A Sparrow | | |
| | 45 | Hiram Hinkley | | |
| 10 | 00 | (Dr. Little [illegible] | | Susie Swinson - T&A |
| | 15 | (3 anesthetics [illegible]) | | Ingham Med. - Dr Abraham anes. |
| | 30 | | | |
| | 45 | | | |

7. Have your instructor check your work. If the patient calls and asks to change the appointment to a new date, write in the new appointment and erase the old one, so you are able to write in someone else. Make a notation on the patient's record. (See illustration on next page)

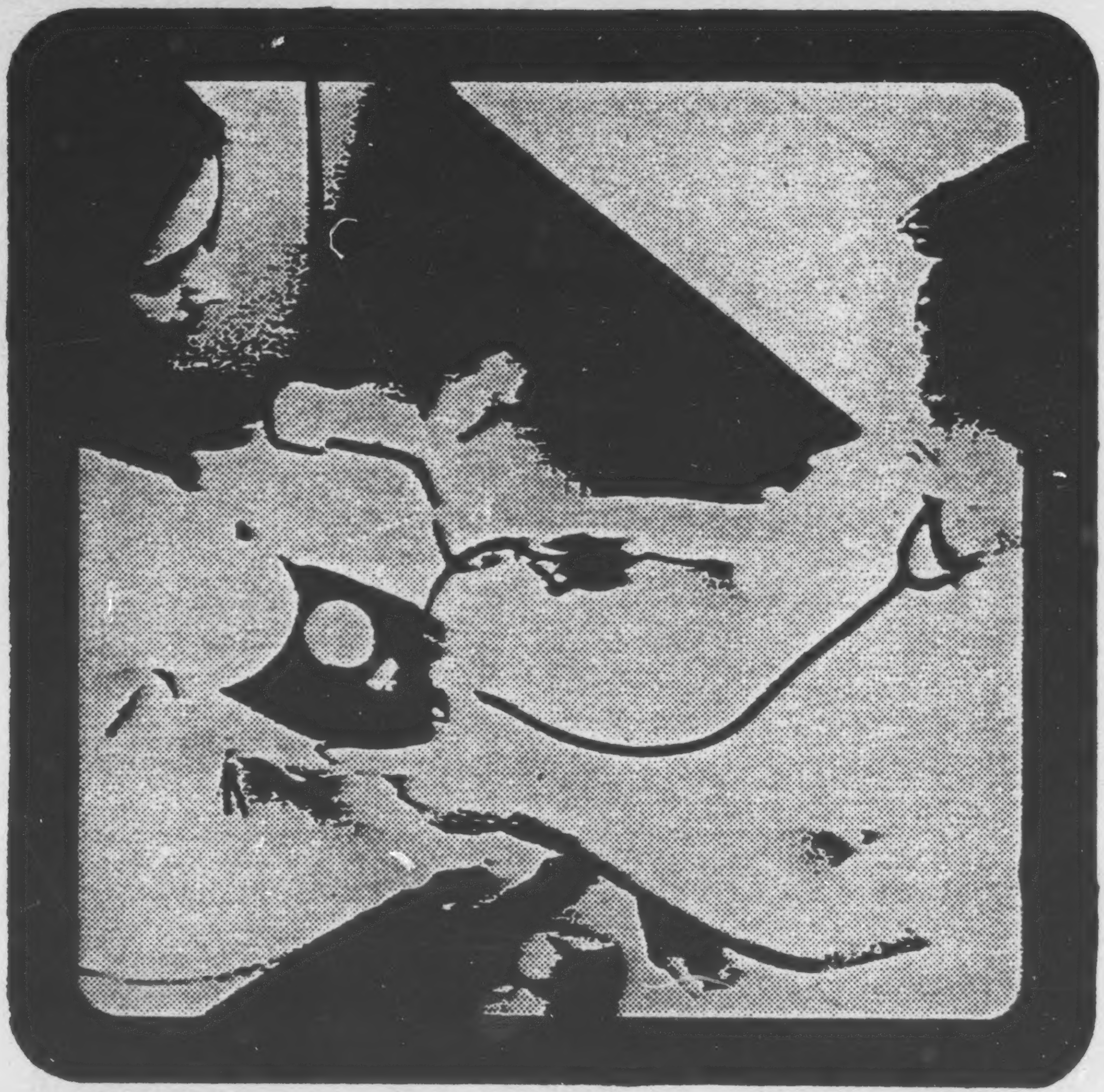
## JOB STEPS

NAME Jones, John SPOUSE or [✓ FATHER] Abraham
INS BC/BS 4961-7430-89407629 BIRTHDATE 01-05-67 AGE 16
SEX M ADDRESS 1600 S. Pennsylvania Ave CITY Lansing ZIP 489
[✓ S].M.W.D.
TELEPHONE NUMBER 373-1649
Father OCCUPATION Assembly at Oldsmobile ALLERGIES None

Oct. 20, 1977 Scheduled for T & A at Ingham Medical on Dec. 18, 1977 at 10 A.M. Dr. Abraham to give anesthetic. Admit at 2 PM Dec. 17, 1977.

Oct. 27, 1977 Date for T & A changed to Dec. 19, 1977. Admit at 11 AM on Dec. 18, 1977.

8. With your instructor, play a situation over the phone.



# medical assistant

unit: Bookkeeping

## capital area career center

module: 4401 16 006 date: 6/77 level: II

skill title: How to Use a Day-Book, Charge Slips, Receipts, Account Cards, and Statements for Patient's Accounts

developed & written by: Beverly Varney

visuals by:

## WORD GUIDE

| | |
|---|---|
| RECEIPT | A printed form to give you and the person who pays you, a record of the amount paid. |
| ACCOUNT CARD | A file card made especially to keep track of charges and payments. |
| STATEMENT | A printed form to send as a bill. |
| CHARGE SLIP | A printed form to aid in keeping track of charges to the patient. |
| DAY BOOK | A book designed to keep track of daily business in the office. |

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

1. How to make entries in a daybook.
2. How to fill out a charge slip.
3. How to write a receipt.
4. How to make entries on an account card.
5. How to send a statement for that account.

### IN ORDER TO DO THIS YOU WILL NEED:

A set of sample entries
A day book page
A charge slip
A receipt
An account card
A statement
Patient's Chart in a folder

### WE WILL KNOW YOU CAN DO IT WHEN:

You correctly enter the sample information on the day book page, charge slip, receipt, account card, and statement.

## INFORMATION

Each medical office may have it's own method of bookkeeping. These references will provide you with additional information about different kinds of bookkeeping.

The Medical Assistant, 3rd edition, Chapter 25, Page 338 "Financial Records". Page 339 "Day Book". Page 346 "Special Bookkeeping Systems" through "Cash and Checks" on page 351.

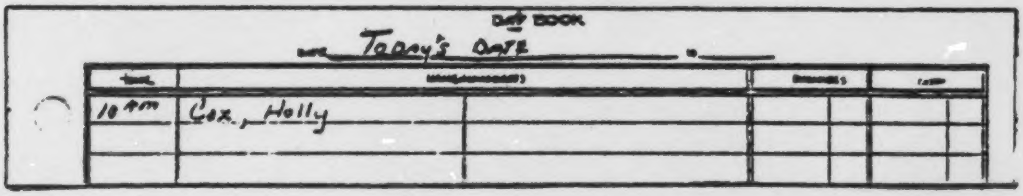
Medical Office Procedures, Chapter 10, page 105 to "Bills" on page 112. Chapter 12, page 137 & 138.

The following samples will help you learn how to fill in a day book, charge slip, receipt, account card, and statement.

SAMPLE:

The patient, Holly Cox, has an appointment at 10:00 a.m. You will need a charge slip, your day book, her account card, and a receipt book.

Holly comes to your desk. You greet her and enter her name in the day book. See Fig. 1.

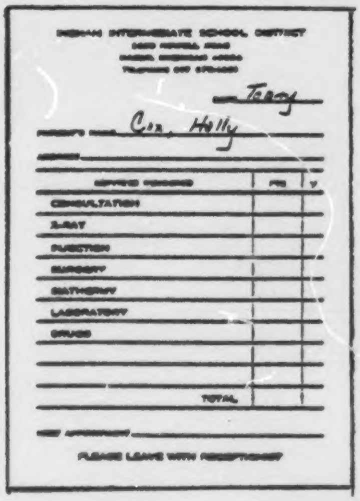


DAY BOOK

Today's DATE

10 am Cox, Holly

You fill out a charge slip with Holly's name and the date. See Figure 2.



Today

Cox, Holly

CONSULTATION

X-RAY

INJECTION

SURGERY

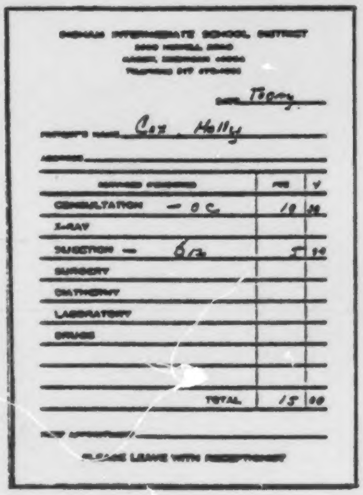
DIATHERMY

LABORATORY

DRUGS

TOTAL

PLEASE LEAVE WITH RECEPTIONIST



Today

Cox, Holly

| | | |
|---|---|---|
| CONSULTATION — OC | 10 | 00 |
| X-RAY | | |
| INJECTION — 6 cc | 5 | 00 |
| SURGERY | | |
| DIATHERMY | | |
| LABORATORY | | |
| DRUGS | | |
| TOTAL | 15 | 00 |

PLEASE LEAVE WITH RECEPTIONIST

## WORD GUIDE

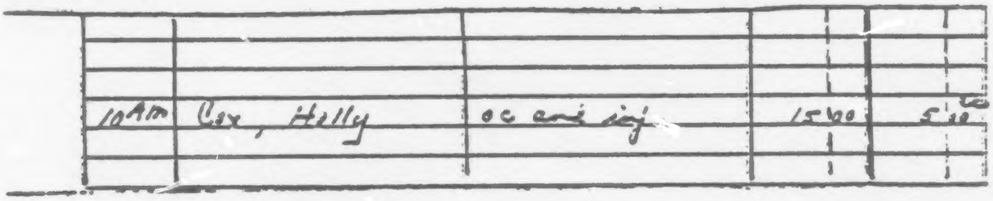
SERVICES RENDERED - What the doctor did for the patient.

## INFORMATION

Clip the charge slip to Holly's chart.

When Holly returns to you with the charge slip, the doctor should have filled in the services rendered. See Figure 3.

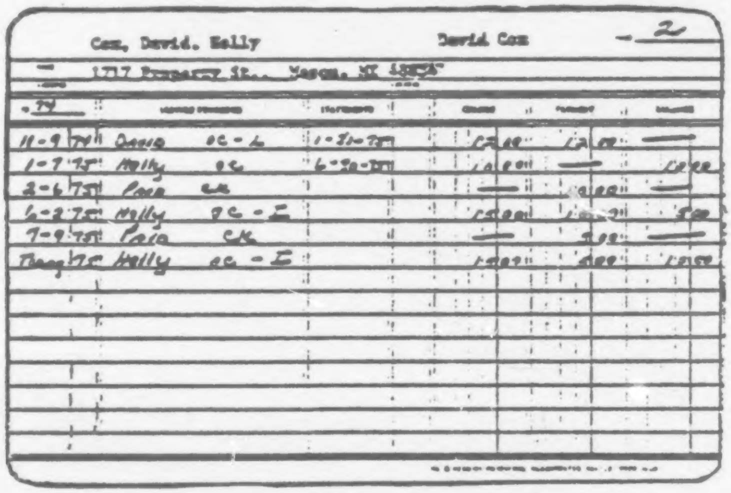
You enter Holly's charges next to her name, in the "business" column. See Figure 4.



| | | | | |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| 10 AM | Cox, Holly | oc and inj | 15 00 | 5 00 |
| | | | | |
| | | | | |

Tell Holly her balance due. The balance due is always the charge for the day plus the previous balance. If there is no previous balance on the account card, her balance is only today's charge.

Holly has decided to pay five dollars by check. Make that entry in the "cash" column.



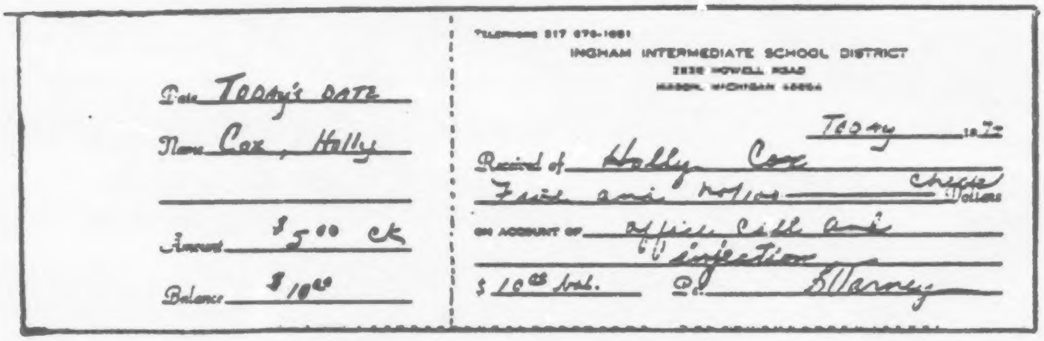
Cox, David, Holly David Cox - 2

1717 [illegible] St., Mason, MI [illegible]

| | | | | | | |
|---|---|---|---|---|---|---|
| 11-9-74 | David | OC - L | 1-30-75 | 12 00 | 12 00 | — |
| 1-7-75 | Holly | OC | 6-30-75 | 10 00 | — | 10 00 |
| 2-6-75 | Paid | ck | | — | 10 00 | — |
| 6-2-75 | Holly | OC - I | | 15 00 | 10 00 | 5 00 |
| 7-9-75 | Paid | ck | | — | 5 00 | — |
| [illegible] 75 | Holly | oc - I | | 15 00 | 5 00 | 15 00 |

Make out a receipt for Holly. Put the information in the labeled spaces. (See Figure 6 on the next page.)

## INFORMATION



Date Today's date
Name Cox, Holly
Amount $5.00 ck
Balance $10.00

TELEPHONE 517 676-1051
INGHAM INTERMEDIATE SCHOOL DISTRICT
2630 HOWELL ROAD
MASON, MICHIGAN 48854

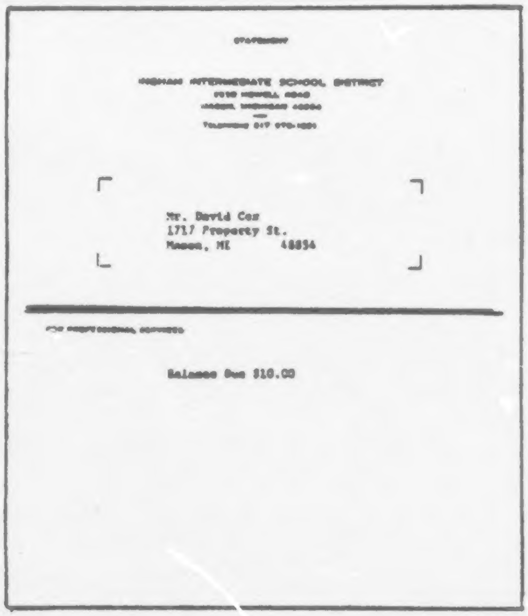
Today 19
Received of Holly Cox
Five and no/100 Check Dollars
ON ACCOUNT OF office call and injection
$10.00 bal. BY D. Barney

Be sure you have correctly filled in the date, the name, the amount paid, and indicate check or cash.

At the end of the day, you must total the "cash" column and the "business" column.

The total in your "cash" column should equal the total amount of cash and checks in your cash box.

At the end of each month, you will send a bill or a statement to each patient who has an unpaid balance. See Fig. 7 for an example of Holly Cox's account statement.



STATEMENT

INGHAM INTERMEDIATE SCHOOL DISTRICT
2630 HOWELL ROAD
MASON, MICHIGAN 48854
TELEPHONE 517 676-1051

Mr. David Cox
1717 Property St.
Mason, MI 48854

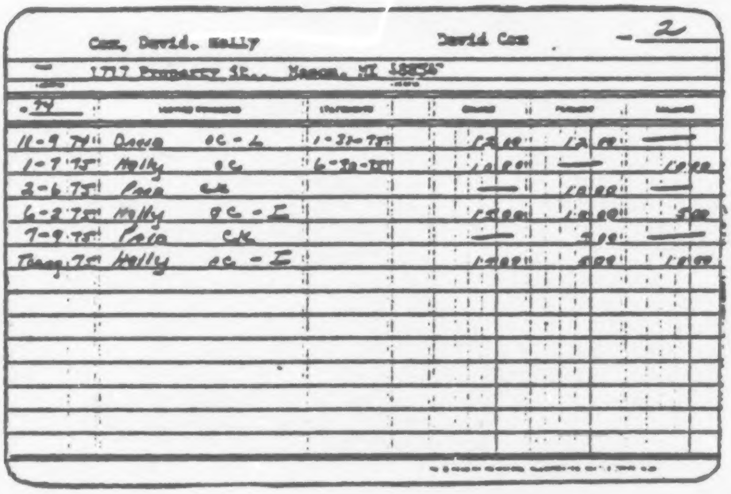
FOR PROFESSIONAL SERVICES

Balance Due $10.00

You should also write the date the statement is sent on the

## INFORMATION

account card, in the "statements" column. See Figure 5. Then, you can tell at a glance when the patient was billed.



## JOB STEPS

1. Gather your materials.

   A day book from the desk
   Three Charge slips from the filing cabinet, bottom drawer.
   Three Receipt Books from the desk.
   Three Account Cards, the smaller cards in the account card file.
   Three Statements from the filing cabinet, bottom drawer.

2. Use the samples below and fill out a charge slip, a day book line, a receipt (when a patient pays), an account card, and a statement for each sample. If you need help, refer to information section of this mod.

   SAMPLE #1

   Mr. Oliver Gunson of 616 Abbott Road, East Lansing, is seen at 10:00 a.m. for a consultation and laboratory. His charge is $25.00 for consultation and $8.00 for laboratory. He pays you $13.00 cash.

   SAMPLE #2

   Mrs. Griselda Gravel of 1440 Soap Street, Mason, is seen at 10:00 a.m. for surgical removal of a mole. Her charge is $20.00. She pays $20.00 by check.

   SAMPLE #3

   Mr. Tenessee Blue of 2220 Ark Street is seen at 11:00 a.m. for consultation, $8:00, X-ray, $15.00, and Diathermy, $5.00. He does not pay anything.

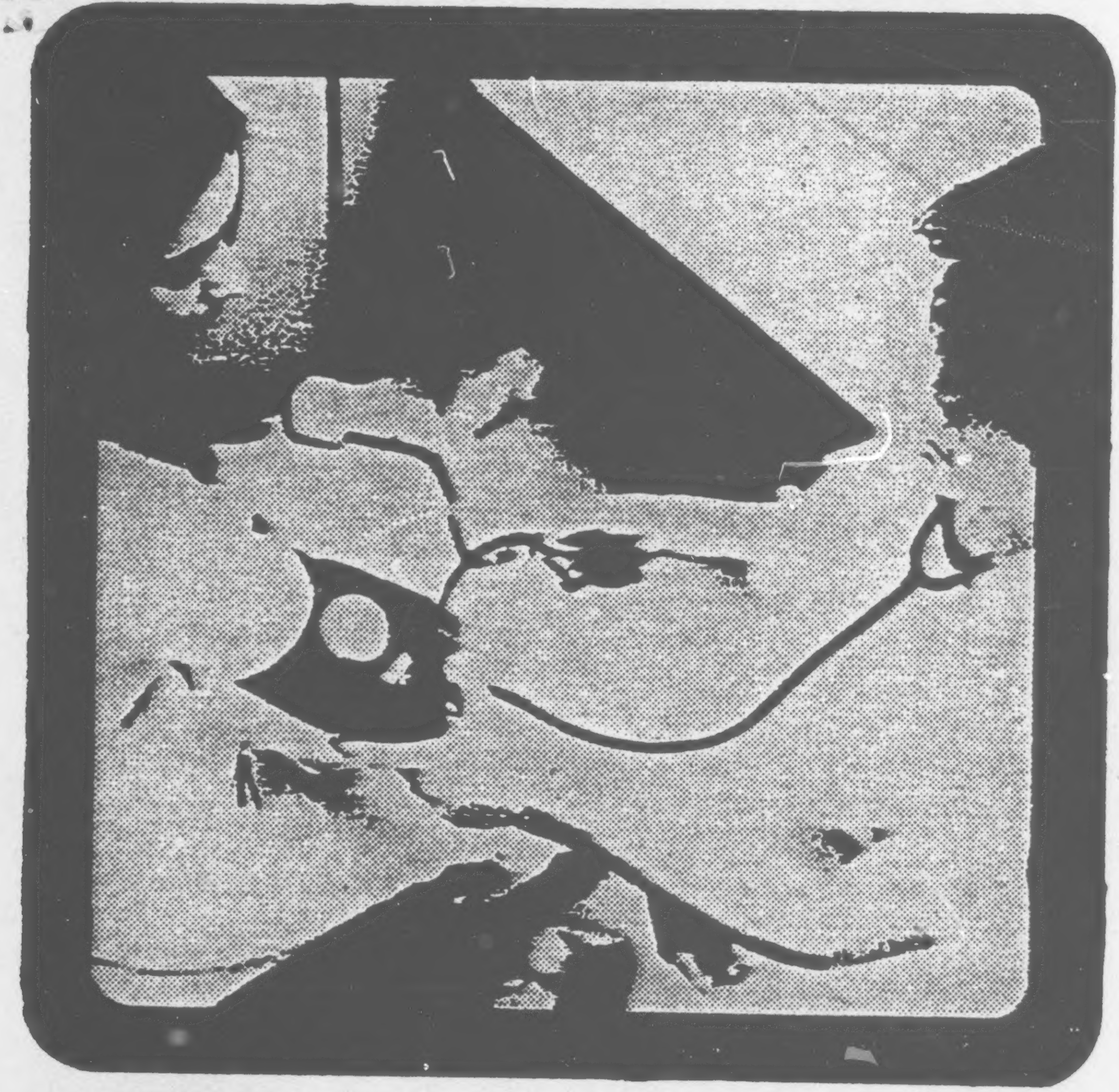
3. Total the "cash" column in your day book.

4. Total the "business" column in the day book.

5. You have $38.00 cash and $20.00 in checks in your cash box. You began the day with $25.00 change in your cash box. Does your cash balance?

6. Type a statement to each person in step #2 if they owe money.

7. Now check your work with your instructor, and ask any questions you may have.



# medical assistant

unit: Bookkeeping

capital area career center

module: 4401 16 007 date: 6/77 level: I

skill title: How To Write a Check

developed & written by: Bev Varney

visuals by: Sandra Gostomski

6 million Dollars
H. Hughes

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to write a check.

### IN ORDER TO DO THIS YOU WILL NEED:

Sample checks

A set of situations requiring you to write checks

Instructions for correct check writing

### WE WILL KNOW YOU CAN DO IT WHEN:

You have correctly completed the checks required in this mod.

## WORD GUIDE

**PAYEE** - The person to whom the check is for.

**LEGIBLE** - Written clearly so it is easy to read

**VOID** - Indicated on incorrect item which shouldn't be used.

## INFORMATION

Writing a check may be a required part of your job. It is necessary for you to know how to write a check. The following reference will help you learn how to write a check. Read this reference:

Medical Office Procedures, Page 143, "Writing Checks".

Remember these rules:

Writing a check has two main steps. Filling out the check is one part and filling out the stub is the other. The information must be legible and accurate.

Each check has a number. The check stub has the same number as the check. The information on the stub should match the information on the face of the check.

If you make an error on a check you must write VOID across the face of the check and place it with your cancelled checks.

The following information will help you learn how to write out a check stub:

Fill in the "NO" space with the number which matches the check number.

Put today's date on the "DATE" line.

After the word "TO", write out the person's name or company the check is to pay. This is the same person's name or company you will write in the PAY TO THE ORDER OF on the check face. (The payee)

After the word "FOR", write out what you are paying for.

In the bottom square, the top line says BALANCE. This means the amount of cash in your account before you write the check.

## INFORMATION

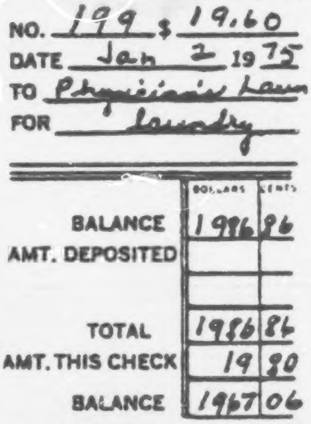
If you make a deposit before you write a check, it should be entered on the line which says AMOUNT DEPOSITED.

The sum of the top BALANCE line and the AMT. DEPOSITED line(s) is the amount you write on the TOTAL line.

The amount you are paying the person or company is the amount you write on the AMT. THIS CHECK line.

Subtract the amount on the AMT. THIS CHECK line from the TOTAL line and write the remainder on the bottom BALANCE line.

Forward (write) the amount on the bottom BALANCE line to the top BALANCE line on the next check stub. (See Figure 1)



NO. 199 $ 19.60
DATE Jan 2 19 75
TO Physician's Laun
FOR Laundry

| | DOLLARS | CENTS |
|---|---|---|
| BALANCE | 1986 | 86 |
| AMT. DEPOSITED | | |
| | | |
| TOTAL | 1986 | 86 |
| AMT. THIS CHECK | 19 | 80 |
| BALANCE | 1967 | 06 |

EXAMPLE: The check number is 199. The date is January 2, 1975. The check is to Physician's Laundry for laundry service. The balance is $1986.86. The amount this check is $19.80. The balance is $1967.06.

The following information will help you learn how to write out a check.

The check number is pre-printed on most checks. If it is not, you will write the number on the NO. line.

Todays date is written on the line:__________19____.

Write the name of the person or company on the PAY TO THE ORDER OF line.

The $_______ space is for writing the amount of money the check is for in numbers. If you do not remember how to do this, you need to review mod 4401 16 010.

## WORD GUIDE

### ALTERATIONS - Changes

## INFORMATION

The ____________________ DOLLARS line is for writing the amount of the check in longhand or spelled out. You must take care to write to the left of the line when filling in amounts. This is to protect the check from alterations. If you do not write to the left, someone could change the amount. For example:

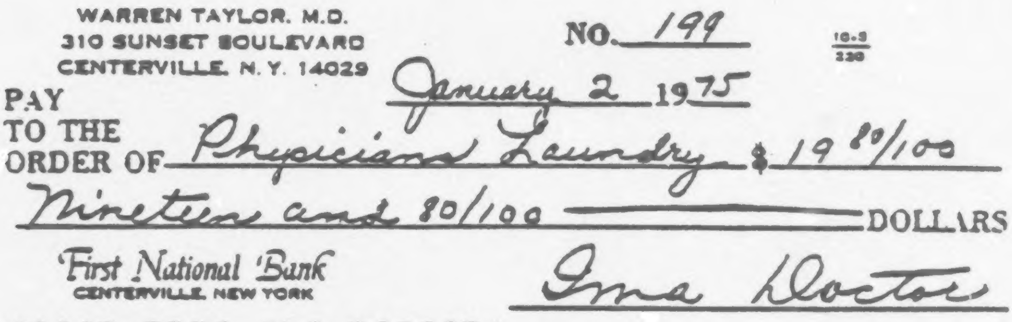
$ 19 80/100 could be altered to $ 119 80/100 and

Nineteen and 80/100 DOLLARS could be altered

to One hundred nineteen and 80/100 DOLLARS.

The __________________ in the lower right hand corner is for the signature of the person paying the check. In most cases, this will be the doctor's signature.

Look at Figure 2. The check number is 199. The Payee is Physician's Laundry. The AMOUNT OF THIS CHECK is Nineteen dollars and eighty cents.



WARREN TAYLOR, M.D.
310 SUNSET BOULEVARD
CENTERVILLE, N.Y. 14029

NO. 199

10-3
220

January 2 1975

PAY
TO THE
ORDER OF Physicians Laundry $ 19 80/100

Nineteen and 80/100 DOLLARS

First National Bank
CENTERVILLE, NEW YORK

Ima Doctor

⑆0220⑈0005 242⑈027720⑈

## JOB STEPS

1. Collect your materials. A page of sample checks can be obtained from file folder 4401 16 007.

2. Use the following information and file out the check stubs and checks.

   A. The first check number is 200.
   B. Your beginning balance is $1967.06
   C. The date is January 15, 1977.
   D. Deposit $1576.00 on January 15, 1977.
   E. Write the following checks on January 15, 1977.

      1. To Office Cleaning, Inc. $75.00 for cleaning services.

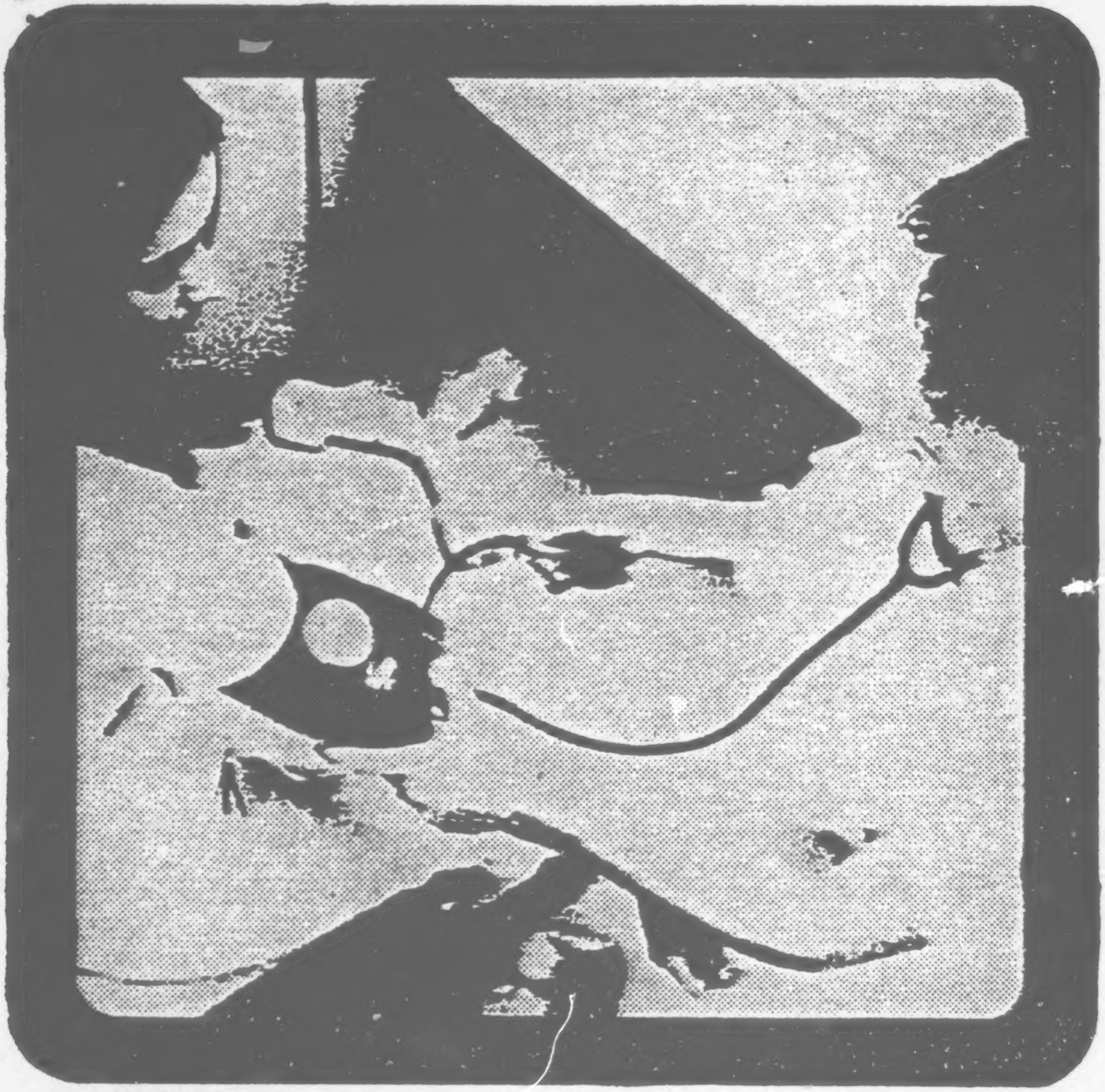
      2. Nancy Jones, $247.67 for wages.

      3. W. C. Heller Co., $1500.00 for rent.

      4. Michigan Telephone Co. $97.60 for telephone bill.

3. Recheck your math. Your balance should be $1622.79. If you do not arrive at $1622.79 as your balance, do over Job Step 2.

4. Have your instructor check your work.



# medical assistant

unit: BOOKKEEPING

capital area career center

module: 4401 16 008 date: 3/77 level: I

skill title: How To Use A Calculator

developed & written by: Beverly Varney

visuals by: Sandra Starnaman

188

## WORD GUIDE

CALCULATOR (Kal-cue-lay-tor) -
A kind of business machine
used for solving math problems.

## PERFORMANCE OBJECTIVE

You are going to learn:

How to use a calculator to add, subtract, divide, and multiply.

And in order to do this you will need:

A calculator

A set of problems

We will know you can do it when:

You can correctly add, subtract, multiply, and divide problems by using a calculator.

## WORD GUIDE

MINIMIZE - Reduce time.

FINANCIAL (Fy-nan-shal) - To do with money.

## INFORMATION

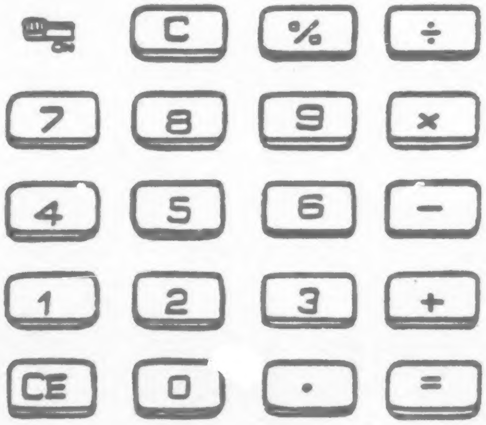
The Medical Assistant must keep financial records in order. The job may entail:

1. Balancing the doctor's checkbook
2. Adding the money paid by patient's and/or insurance companies.
3. Adding up all the patient's charges for the day
4. Any other task that requires you to add, subtract, multiply or divide.

In order for you to minimize your time and still remain accurate, most doctors have a calculator or an adding machine. Most of these machines add and subtract, but many add, subtract, multiply and divide. Older models have many keys to punch in order to print out the numbers. Most newer models are the "ten key" type. They have the numbers 0, 1, 2, 3, 4, 5, 6, 7, 8, 9 on them. They also have signs: + for addition, - for subtraction, x for multiplication, ÷ for division, and a . for the decimal. You will only need 15 for completing most of the business records in a doctor's office.

Get the calculator and "punch along" as you continue to read this information. We are going to tell you how to use the calculator before you begin the job steps.

The following illustration is an example of the calculator keyboard:



# INFORMATION

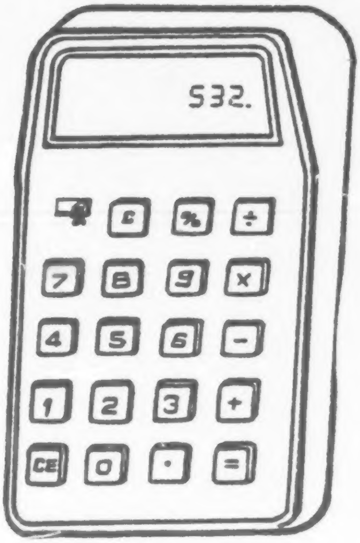
Before you begin any calculation, push the C/CE button to be sure the calculator is clear.

To add 10 + 7, push the buttons 1, 0, + 7, in that exact order. To print the answer, push the total button.

To subtract 10 - 7, push those four buttons in that exact order. To print the answer push the total button.

To multiply 10 x 7, push those four buttons in that exact order, and then, push total button for the answer.

To divide 10 ÷ 7, push those four buttons in that exact order and then, push total for your answer. If the number has a decimal point, you must put it in for instance, for $3.54, you must push 3, ., 5 and 4. Push total button for your answer.



## JOB STEPS

Do not write in the mod. Put your answers on scrap paper.

1. Use the calculator to add the following:

| | | |
|---|---|---|
| 14 | 100 | 67 |
| 21 | 16 | 49 |
| + 7 | + 39 | + 25 |

2. Use the calculator to subtract the following:

| | | |
|---|---|---|
| 1726 | 2266 | 49,631 |
| - 494 | - 774 | - 3,528 |

3. Use the calculator to multiply the following:

| | | |
|---|---|---|
| 18 | 46 | 191 |
| x 3 | x 9 | x 277 |

4. Use the calculator to divide the following:

643 ÷ 192= 99 ÷ 11= 12648 ÷ 6=

5. Use the calculator to add the following:

| | | |
|---|---|---|
| $1159.50 | $34,967.00 | $ 371.00 |
| + 462.00 | + 852.00 | + 1,462.00 |

6. Use the calculator to subtract the following:

| | | |
|---|---|---|
| $1,159.50 | $34,967.00 | $1,462.00 |
| - 462.00 | - 852.00 | - 371.00 |

## JOB STEPS

7. These are compound problems. Using the calculator, add, then subtract the following:

| | | |
|---|---|---|
| $1,159.50 | $34,967.00 | $1,462.00 |
| + 462.00 | + 852.00 | + 371.00 |
| - 176.50 | -1,465.00 | - 904.00 |

8. Use the calculator to multiply and then divide the following:

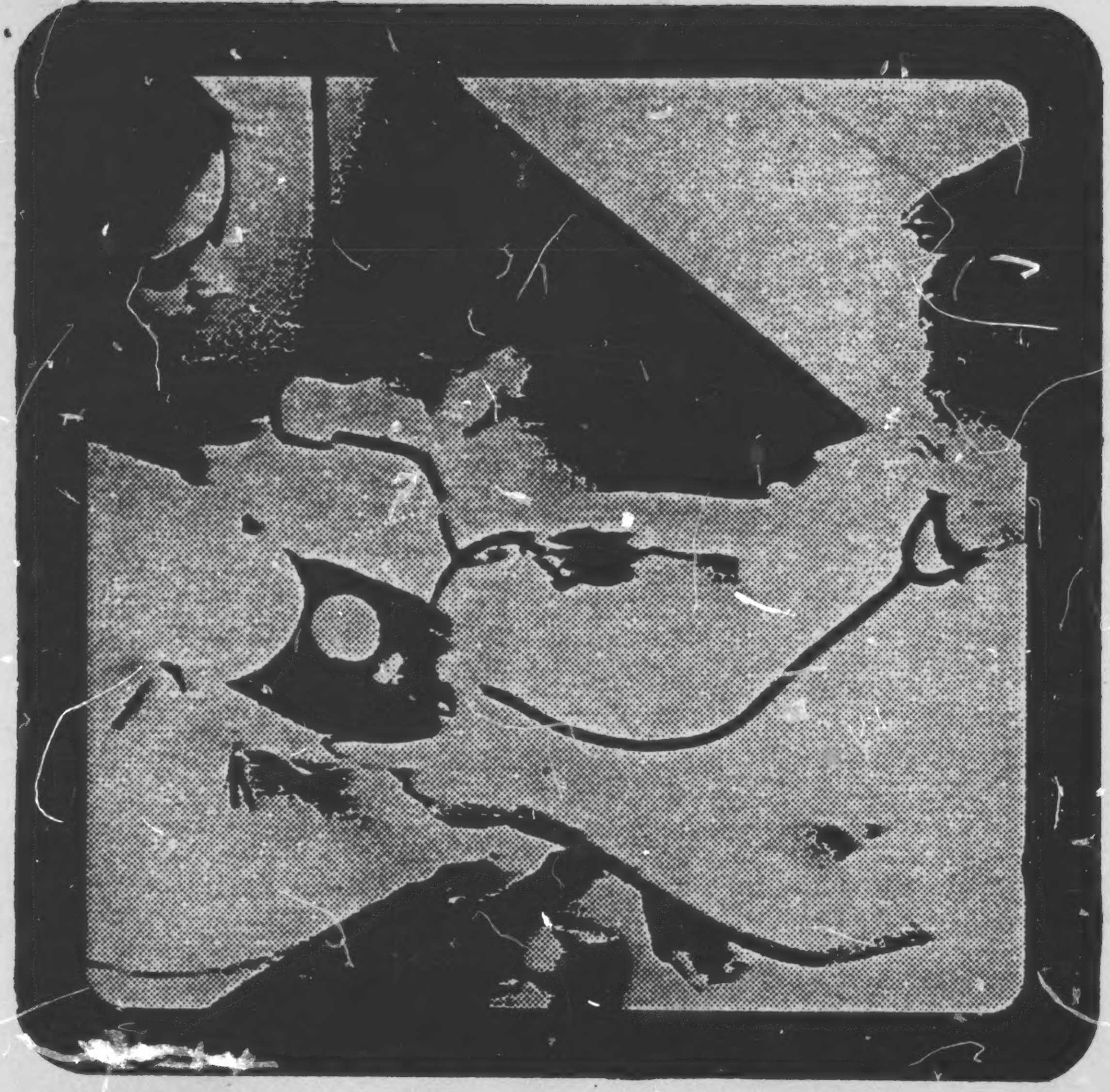
514 x 52 ÷ 12 =

3 x 40 x 52 ÷ 12 =

52 x 125 ÷ 12 =

9. Check your answers with your instructor.

10. If you have any questions, ask your instructor for help.



# medical assistant

unit: Bookkeeping

capital area career center

module: 4401 16 009 date: 8/77 level: IV

skill title: How to Balance a Daybook

developed & written by: Beverly Varney

visuals by:

## WORD GUIDE

BALANCE - Check the figures in your daybook to be sure there are no mistakes.

DAYBOOK - The book where you write in daily business.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to balance a daybook.

### AND IN ORDER TO DO THIS YOU WILL NEED:

A calculator

An answer sheet from file folder 16-9

The problems in this module

### WE WILL KNOW YOU CAN DO IT WHEN:

You answer the questions with 100% accuracy.

## WORD GUIDE

CHARGES - The amount a person must pay for a given service.

PAYMENT - The amount the person gives the doctor for the service received.

CASH RECEIPTS - Another name for all the payments made.

## INFORMATION

A medical office is also a business office. Just like any other business, there are charges and payments. A duty of the assistant is to record charges and payments and to collect checks and cash from the payments. This must be done carefully and accurately.

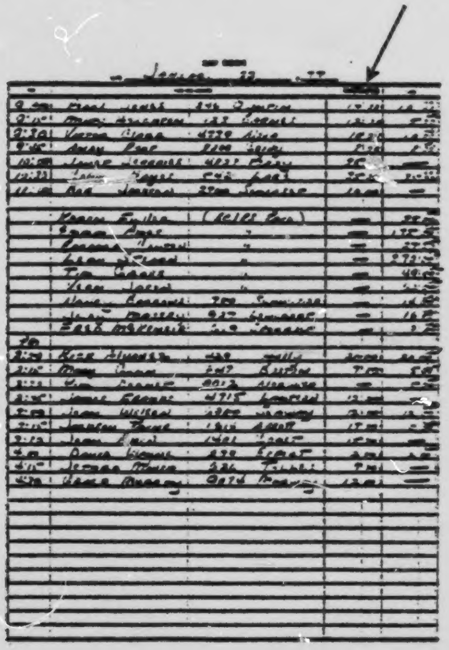
You have already learned how to record payments in a daybook and how to use a pegboard. This module will teach you how to complete the daybook pages and pegboard.

At the end of each day, total (add up) all the figures in the business or charge column. The total indicates how much business the doctor did that day. Then, add up the cash receipts column. The total indicates how much money (checks and cash) you collected that day. Count the cash and the checks in your cash received. The total of the cash and checks received and the cash receipts column should be the same.

## JOB STEPS

1. Collect your materials. Your instructor will provide you with a sample answer sheet. Do all your figuring on this sheet. Use a calculator to figure all math.

2. Look at the following example:



NOTE: In the above daybook the word business indicates how much the doctor "sold" or gave in services that day. The word cash indicates all payment received.

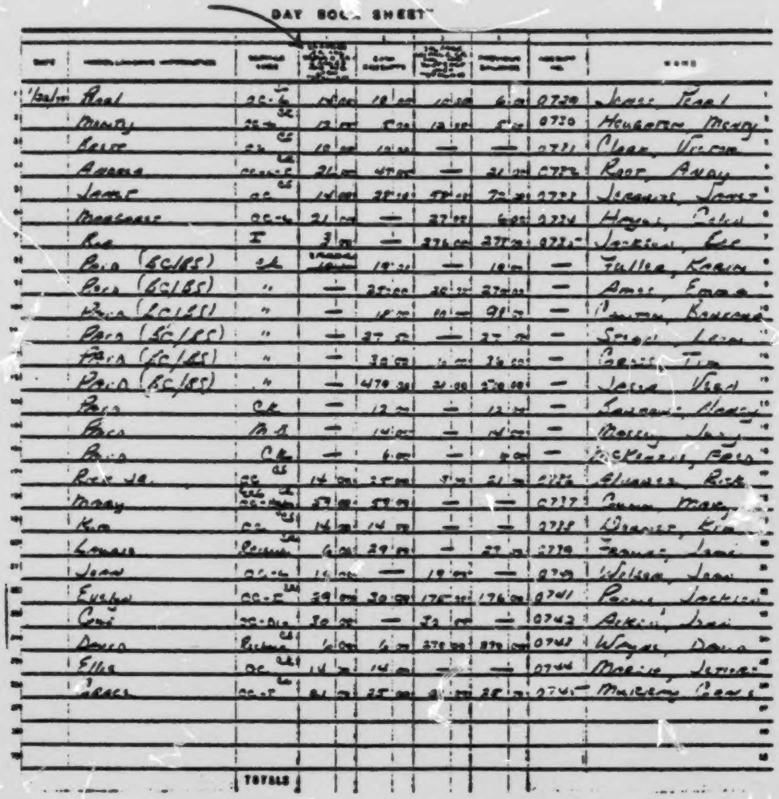
3. Using the calculator, add up the business column and the cash column. Then, write your totals for each column on the answer sheet for this module.

4. Add the numbers in the cash column which show payment received by check (ck). Write your total on the answer sheet for this mod.

5. Add the numbers in the cash column which show payment received by cash (cs). Write your total on the answer sheet.

## JOB STEPS

6. Look at the following example:


DAY BOOK SHEET
TOTALS

**NOTE**: Column 1, "Charges", is the same as "Business" in figure 1, example 1. It indicates how much the doctor "sold" in services that day. Column 2, "Cash Receipts", is the same as the "Cash" column in figure 1. It indicates all payment received.

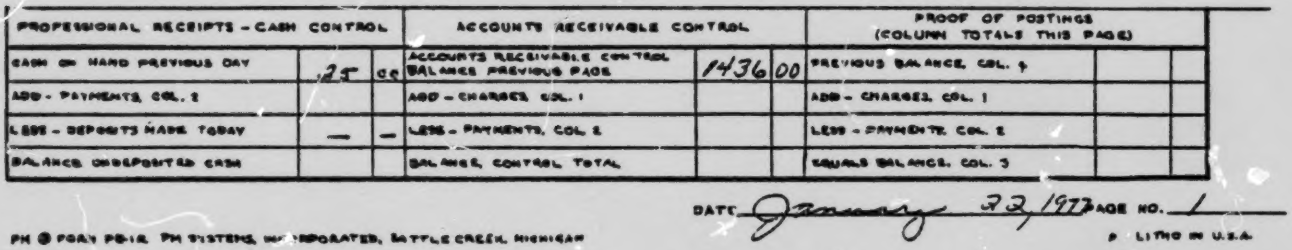
7. Add column 1 and then column 2. Write your totals on the answer sheet. When you add a column in an office, write the total at the bottom of the column, where it says "total".

**NOTE**: Column 3, "Balance", indicates how much money a person still owes the doctor. Column 4, "Previous Balance", indicates how much a person owed the doctor before today.

8. Add up column 3 and then, column 4. Write the totals on the answer sheet. You would write the totals at the bottom of each column (3,4) on the total line.

## JOB STEPS

9. Look at the figure below. The example represents the bottom of the page shown in figure 2. This is where you "prove", or check your page for mistakes.



| PROFESSIONAL RECEIPTS – CASH CONTROL | | | ACCOUNTS RECEIVABLE CONTROL | | | PROOF OF POSTINGS (COLUMN TOTALS THIS PAGE) | | |
|---|---|---|---|---|---|---|---|---|
| CASH ON HAND PREVIOUS DAY | 25 | 00 | ACCOUNTS RECEIVABLE CONTROL BALANCE PREVIOUS PAGE | 1436 | 00 | PREVIOUS BALANCE, COL. 4 | | |
| ADD – PAYMENTS, COL. 2 | | | ADD – CHARGES, COL. 1 | | | ADD – CHARGES, COL. 1 | | |
| LESS – DEPOSITS MADE TODAY | — | — | LESS – PAYMENTS, COL. 2 | | | LESS – PAYMENTS, COL. 2 | | |
| BALANCE UNDEPOSITED CASH | | | BALANCE, CONTROL TOTAL | | | EQUALS BALANCE, COL. 3 | | |

DATE January 22, 1977 PAGE NO. 1

PH © FORM PB-1R PH SYSTEMS, INCORPORATED, BATTLE CREEK, MICHIGAN LITHO IN U.S.A.

**NOTE**: At the left, under "professional receipts-cash control", we put $25.00 next to "cash on hand". It is common practice to keep some small bills in your cash box to use for change. The $25.00 is the cash used for change.

10. The "Add-Payments" space is for the total of column 2. Write the total on the sample sheet.

**NOTE**: "Less-Deposits made today" indicates we made no deposits today. "Balance-Undeposited Cash" indicates the total cash you now have.

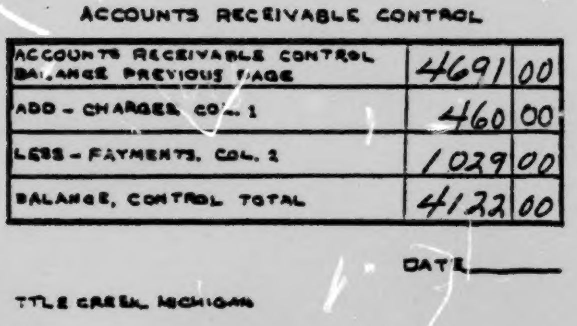
11. Add the first and second lines and write this total in the "Balance-Undeposited Cash" space on the sample sheet.

**NOTE**: In the "Accounts Receivable Control" column, the first line is for the balance from the previous daybook page.

## JOB STEPS

12. On the sample sheet, write the total from column 1 in the "Add-Charges" space. Then, write the total for column 2 in the "Less-Payments" space.

13. To get the "Balance-Control Total", add the balance from the previous page to the "Add-Charges" amounts. Then, subtract the "Less-Payments" from that total.



ACCOUNTS RECEIVABLE CONTROL

| | | |
|---|---|---|
| ACCOUNTS RECEIVABLE CONTROL BALANCE PREVIOUS PAGE | 4691 | 00 |
| ADD - CHARGES COL. 1 | 460 | 00 |
| LESS - PAYMENTS, COL. 2 | 1029 | 00 |
| BALANCE, CONTROL TOTAL | 4122 | 00 |

DATE ______

TTLE CREEK, MICHIGAN

$$\begin{array}{r} 4691 \\ \underline{+460} \\ 5151 \end{array} \qquad \begin{array}{r} 5151 \\ \underline{-1029} \\ 4122 \end{array}$$

14. The "Proof or Posting" column is for you to find out how accurate your figures are on the first line, write the total from column 4 (previous balance).

15. On the second line, write your total from column 1 (charges). Then, on the third line, write your total from column 2 (payments).

## JOB STEPS

16. To find the balance, add the totals for column 4 and column 1. Then, subtract the total of column 2 from this answer. Your balance should be the same as your total for column 3.

| | | | | 1 | | 2 | | 3 | | 4 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | DATE | MISCELLANEOUS INFORMATION | SERVICE CODE | CHARGES (CR. ADJ. SHOULD BE CIRCLED AND SUB. WHEN TOTALING) | | CASH RECEIPTS | | BALANCE (CIRCLE CR. BAL. AND SUBTRACT WHEN TOTALING) | | PREVIOUS BALANCE | | RECEIPT NO. | NAME | |
| 1 | 1/22/77 | Gomez, Theresa | OC CS | 14 | 00 | 20 | 00 | 10 | 00 | 16 | 00 | 0642 | Gomez, Jesus | 1 |
| 2 | | | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | | | 3 |

17. If you made an error, re-do the following steps:
    - a. Total column 1.
    - b. Total column 2.
    - c. Total column 3.
    - d. Total column 4.

18. If your totals are correct, there must be a mistake somewhere in the match. Re-do the following steps:
    - a. Previous balance (column 4); plus,
    - b. Charges (column 1); minus,
    - c. Cash receipts (column 2); equals,
    - d. Balance (column 3).

PROOF OF POSTINGS
(COLUMN TOTALS THIS PAGE)

| | | |
|---|---|---|
| PREVIOUS BALANCE, COL. 4 | 1940 | 00 |
| ADD – CHARGES, COL. 1 | 460 | 00 |
| LESS – PAYMENTS, COL. 2 | 1029 | 00 |
| EQUALS BALANCE, COL. 3 | 1371 | 00 |

________________ PAGE NO. ____

LITHO IN

| | |
|---|---|
| $16.00 | $30.00 |
| +14.00 | -20.00 |
| $30.00 | $10.00 |

## JOB STEPS

19. When you locate the error, write the person's name on your answer sheet.

20. Check your answer sheet with your instructor. If you have any questions, ask your instructor.

NOTE: Suggestion for skill building:

Use the pegboard or a regular daybook sheet to "charge" students for mods they take out of the mod cabinet. Mark an amount in "payment" when they are returned. Following this procedure will increase your pegboard and daybook skills. Ask your teacher for help if you do not understand.

## Daybook Answer Sheet

Answer to Job Step number:

3. ______________ ______________

4. ______________

5. ______________

7. 1) ______________ 2) ______________

8. 3) ______________ 4) ______________

| | PROFESSIONAL RECEIPTS - CASH CONTROL | | | ACCOUNTS RECEIVABLE CONTROL | | | PROOF OF POSTINGS (COLUMN TOTALS THIS PAGE) | | |
|---|---|---|---|---|---|---|---|---|---|
| Line 1 | CASH ON HAND PREVIOUS DAY | 25 | 00 | ACCOUNTS RECEIVABLE CONTROL BALANCE PREVIOUS PAGE | 1436 | 00 | PREVIOUS BALANCE, COL. 4 | | |
| Line 2 | ADD - PAYMENTS' COL. 2 | | | ADD - CHARGES, COL. 1 | | | ADD - CHARGES, COL. 1 | | |
| Line 3 | LESS - DEPOSITS MADE TODAY | — | — | LESS - PAYMENTS, COL. 2 | 1157 | 00 | LESS - PAYMENTS, COL. 2 | | |
| Line 4 | BALANCE UNDEPOSITED CASH | | | BALANCE, CONTROL TOTAL | | | EQUALS BALANCE, COL. 3 | | |

19. ______________________________

## Answers to Job Step:

3. $230.00, $884.50

4. $785.50

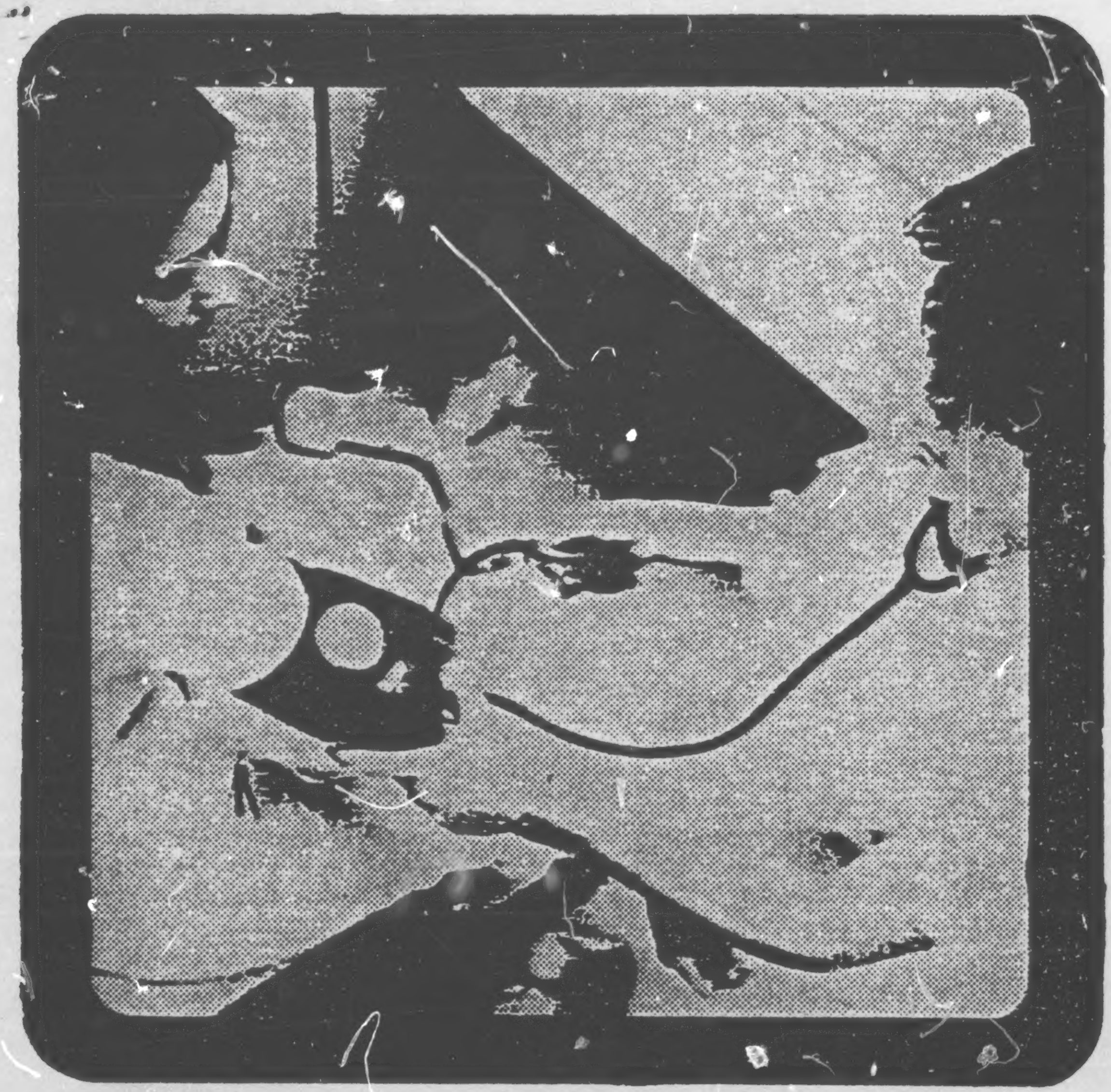
5. $99.00

7. 1) $312.00 2) $1,157.50

8. 3) $1034.00 4) $1880.50

| | PROFESSIONAL RECEIPTS - CASH CONTROL | | | ACCOUNTS RECEIVABLE CONTROL | | | PROOF OF POSTINGS (COLUMN TOTALS THIS PAGE) | | |
|---|---|---|---|---|---|---|---|---|---|
| Line 1 | CASH ON HAND PREVIOUS DAY | 25 | 00 | ACCOUNTS RECEIVABLE CONTROL BALANCE PREVIOUS PAGE | 1436 | 00 | PREVIOUS BALANCE, COL. 4 | 1880 | 50 |
| Line 2 | ADD - PAYMENTS' COL. 2 | 1157 | 50 | ADD - CHARGES, COL. 1 | 312 | 00 | ADD - CHARGES, COL. 1 | 312 | 00 |
| Line 3 | LESS - DEPOSITS MADE TODAY | | | LESS - PAYMENTS, COL. 2 | 1157 | 50 | LESS - PAYMENTS, COL. 2 | 1157 | 50 |
| Line 4 | BALANCE UNDEPOSITED CASH | 1182 | 50 | BALANCE, CONTROL TOTAL | 590 | 50 | EQUALS BALANCE, COL. 3 | 1035 | 00 |

19. Rick Alvarez balance should be $10.00.



# medical assistant

unit: BOOKKEEPING

capital area career center

module: 4401 16 010 date: 6/77 level: I

skill title: How to Write Numbers Into Words and Words Into Numbers

developed & written by: Beverly Varney and Ted Urban

visuals by: Sandra Gostomski

## PERFORMANCE OBJECTIVE

You are going to learn:

How to write out numbers into words and words into numbers for use on checks, savings withdrawal forms, laboratory reports, and other medical forms.

And in order to do this you will need:

A list of numbers and word problems

We will know you can do it when:

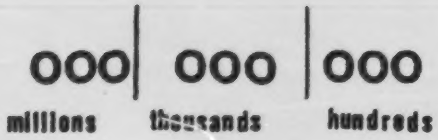
You can correctly write out the numbers into words and words into numbers.

## JOB STEPS

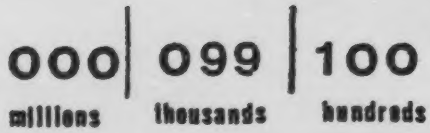
1. Look over pages 5 and 6 of this mod. If you know how to write out numbers into words, take the pre-test.

2. Do the following steps, one step at a time. Take the test when you are ready. Do as many steps as you need to be able to correctly write numbers into words.

3. Page five and six indicates how to write out numbers into words. Look at the example below.


000
000
000
millions
thousands
hundreds

To write ninety-nine thousand, one hundred, you will write:


000
099
100
millions
thousands
hundreds

## JOB STEPS

4. Write four thousand, eight hundred seventy-seven. Check your answer with your teacher.

5. Complete practice exercises A and B for this mod. Check your work.

6. Take the post-test.

## WORD LIST

A. 1 = one
2 = two
3 = three
4 = four
5 = five
6 = six
7 = seven
8 = eight
9 = nine
10 = ten

B. 11 = eleven
12 = twelve
13 = thirteen
14 = fourteen
15 = fifteen
16 = sixteen
17 = seventeen
18 = eighteen
19 = nineteen
20 = twenty

C. 20 = twenty
30 = thirty
40 = forty
50 = fifty
60 = sixty
70 = seventy
80 = eighty
90 = ninety

D. 100 = one hundred
200 = two hundred
300 = three hundred
400 = four hundred
500 = five hundred
600 = six hundred
700 = seven hundred
800 = eight hundred
900 = nine hundred
1000 = one thousand

E. 165 = one hundred sixty-five
165.17 = one hundred sixty-five and 17/100.
327 = three hundred twenty-seven

F. 2000 = two thousand
3000 = three thousand
4000 = four thousand
5000 = five thousand
6000 = six thousand
7000 = seven thousand
8000 = eight thousand
9000 = nine thousand
10,000 = ten thousand

## WORD LIST

G. 20,000 = twenty thousand
30,000 = thirty thousand
40,000 = forty thousand
50,000 = fifty thousand
60,000 = sixty thousand
70,000 = seventy thousand
80,000 = eighty thousand
90,000 = ninety thousand
100,000 = one-hundred thousand

H. [illegible]0,000 = one-hundred thousand
200,000 = two-hundred thousand
300,000 = three-hundred thousand
400,000 = four-hundred thousand
500,000 = five-hundred thousand
600,000 = six-hundred thousand
700,000 = seven-hundred thousand
800,000 = eight-hundred thousand
900,000 = nine-hundred thousand
1,000,000 = one million

I. 2,000,000 = two million
3,000,000 = three million
4,000,000 = four million
5,000,000 = five million
6,000,000 = six million

# PRE-TEST

Write your answers on scrap paper.

1. Write out 634 into words.
2. Write out 172 into words.
3. Write out $297.12 as you would on a check or savings withdrawal form.
4. Write out $64.85 as you would on a check or savings withdrawal form.
5. Write into numbers; three-thousand, four-hundred sixty two.
6. Write into numbers; six million, two-hundred twenty-thousand, five-hundred ninety-one.

## PRACTICE EXERCISE A

DIRECTIONS: Put the letter in front of the number that matches the word. Do not write on this sheet. Write your answers on scrap paper.

MATCHING

________ 1. 17
________ 2. 83
________ 3. 12
________ 4. 120
________ 5. 65
________ 6. 10
________ 7. 23
________ 8. 79
________ 9. 151
________10. 16
________11. 4,000,385
________12. 19,500
________13. 20,010
________14. 3,460,000
________15. 9,800

A. seventy-five
B. twenty-thousand and ten
C. three million, four-hundred sixty thousand
D. one hundred fifty-one
E. ten
F. seventeen
G. four million, three-hundred, eighty-five
H. twenty-three
I. nine-thousand, eight-hundred
J. eighty-three
K. nineteen-thousand, five hundred
L. one hundred twenty
M. sixty-five
N. sixteen
O. twelve

## PRACTICE EXERCISE B

DIRECTIONS: Do not write on this sheet. Write your answers on scrap paper.

1. Write out 13 into words. ____________
2. Write out 37 into words. ____________
3. Write out 62 into words. ____________
4. Write out 119 into words. ____________
5. Write out 354 into words. ____________
6. Write out the number for forty-seven. ____________
7. Write out the number for six hundred eighty-one. ____________
8. Write out $123.85 into words. ____________
9. Write out $1,432.97 into words. ____________
10. Write out the number for eight hundred seventy-three and the word for 52/100. ____________
11. Write ten thousand, two hundred sixty in numbers. ____________
12. Write four million, seven hundred, fifty thousand into numbers. ____________
13. Write eight hundred ninety-two thousand five hundred forty-three into numbers. ____________

## POST-TEST

Write your answers on scrap paper.

1. Write out 738 into words.
2. Write out 369 into words.
3. Write out $543.89 as you would on a check or savings withdrawal form.
4. Write out $246.38 as you would on a check or savings withdrawal form.
5. Write four hundred twenty thousand, five hundred eighty-nine into numbers.
6. Write seventy-two thousand, nine hundred thirty-eight into numbers.
7. Write seven million, four hundred nineteen thousand into numbers.

# medical assistant

unit: Interpersonal Relationships

capital area career center

module: 4401 17 001 date: 12/77 level: III

skill title: How To Solve Some Problems Between Medical Office Workers

developed & written by: Beverly Varney

visuals by:

## PERFORMANCE OBJECTIVE

You are going to learn:

How to solve some problems a Medical Assistant may find on the job.

And in order to do this you will need:

The set of problems from this module involving you, the M.A. and other people with whom you work.

We will know you can do it when:

You demonstrate that you understand how to solve the problems by giving correct answers to the questions in the module.

## INFORMATION

When you take your first job as a Medical Assistant, you will find yourself in a new and exciting world. It can be scary, sometimes, when you run into problems you have not expected nor thought about before. It would be impossible to tell you how to solve every problem you'll meet, but you will be better prepared if you understand more about what goes on in a Medical Office.

In order to give you more understanding, read the following.

Your Role As A Medical Assistant, Chapters 1, 3, 22, 23, 24.

This may look like a lot of reading but most chapters are 3-4 pages, and easy reading.

The following are all problems which have happened in "real life" medical offices in our area. There are no truly right nor truly wrong answers, so don't worry about your answers.

## JOB STEPS

1. Choose what you think are the best answers and discuss it with your instructor. Use as many answers as you think are correct.

Situation 1.

Your employer invites you to lunch. You would accept if:

A. No one in the office goes out to lunch.
B. You know he/she has business to talk over with you.
C. It's special, like your birthday.
D. Your married employer is of the opposite sex and has a reputation for "playing around".

Situation 2.

In an office employing two medical assistants and an R.N., one of the medical assistants is Sandy, who is Jewish; her religion is very important to her and she clings to the Orthodox ways. This was brought out in her pre-employment interview but at that time no one seemed to think it would cause a problem. Now, as time goes on, it is apparent there will be some real conflicts as her religious holidays are on different days and she begins her Sabbath at sundown on Fridays.

A. Suggest the doctor tell Sandy to look for another job.
B. Volunteer to work extra time for Sandy.
C. Suggest Sandy have Friday afternoons and her holidays off, and work on Sunday to catch up the paperwork.
D. Tell your boss you want to have Friday afternoons off if Sandy has them off.

Situation 3.

Tom Curtis is a new employee in your office. He was a corpsman in the army in Vietnam and has had a lot of battleground experience. He has been hired to do the routine physical exams like insurance physicals, pre-employment physicals and well-baby check-ups. The remaining time he is to help the M.A. with filing. The M.A. has worked in the office for 15 years and is a good manager but is looking forward to some extra help. The other employee is an L.P.N. who has worked for the doctor for 5 years. When payday comes the two "old timers" find that Tom is getting more money than they are, in addition to this he does very little filing.

A. The M.A. and L.P.N. should treat Tom unkindly and hope he quits.
B. The M.A. and L.P.N. should not be upset because Tom is more skilled than they are and should be paid more.
C. The M.A. and L.P.N. should talk to their boss about their feelings, if they feel they deserve more money.

## JOB STEPS

Situation 4.

Connie is a new M.A. in your office. She has had experience and seems to have a lot on the ball. You are to orient her to your office routine. The first week she works one day and then has to be off because her twins, three year olds, are ill. She then returns for two days and becomes ill herself. She is in the midst of a divorce and seems quite upset about it.

A. Connie deserves a chance to try again. She can't help it because she was sick.
B. Connie should be replaced.
C. Connie should find a reliable baby-sitter so she doesn't have to be at home when the twins are ill.
D. Connie should quit.

Situation 5.

Jim is a new M.A. in your office. He has 27 years experience. He is a "take-over" kind of person who has begun to try to change the whole office routine.

A. You and Jim should try to learn from each other.
B. You should tell Jim to "bug-off" and to do things your way.
C. You should tell Jim that you do things the way you do because that's the way the doctor wants them.

Situation 6.

You suspect Gladys, the receptionist, is stealing from the doctor by changing the figures in the books. You do not want to accuse her as you are not sure if it's true.

A. You tell the doctor she is stealing.
B. You tell Gladys you know she is stealing and if she doesn't stop you'll tell the doctor.
C. You check to see if you can prove what you suspect, and if you can, you tell the doctor.
D. You don't do anything, it's not really any of your business.

2. Answer the following.

The best way to solve any problem is:

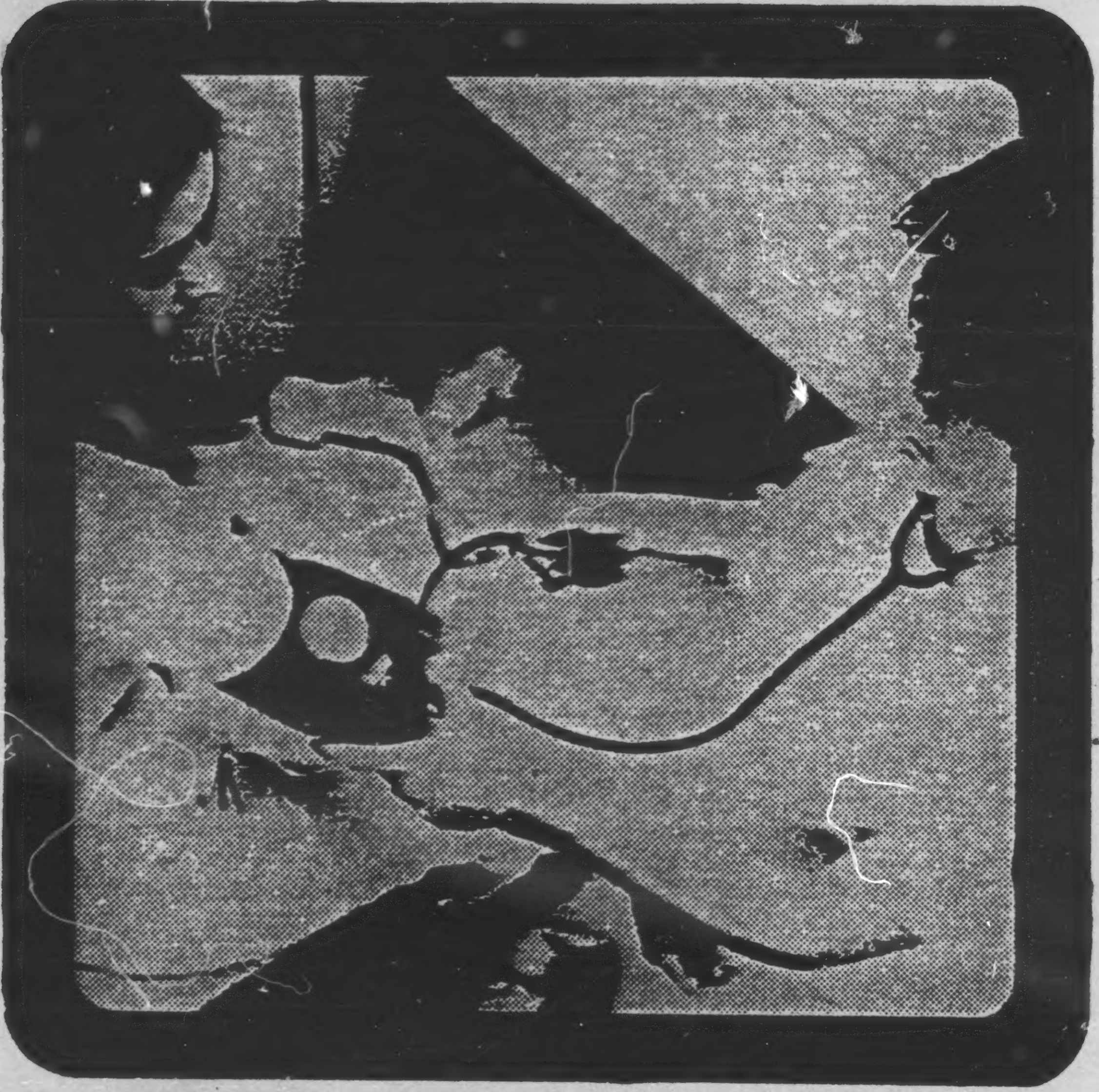
A. To talk it over with your best friend.
B. To be patient and wait for it to solve itself.
C. To get angry and "fight it out".
D. To discuss it, with all of the people involved, at one time.

## JOB STEPS

The problems staff members have in a medical office will most often be solved by:

A. The M.A.
B. All staff.
C. The doctor.

3. Discuss all your answers with your instructor.



# medical assistant

**unit:** Interpersonal Relationships

**capital area career center**

**module:** 4401 17 002 **date:** 12/77 **level:** III

**skill title:** How To Know What To Do In Situations Involving Medical Law and Medical Ethics

**developed & written by:** Beverly Varney

**visuals by:**

## WORD GUIDE

COMPLY - Put up with; live by.

ETHICS - Moral rules.

LIABILITY - Legal requirement.

## PERFORMANCE OBJECTIVE

You are going to learn:

Some special laws and rules, with which Medical Assistants must comply and what it means to be a professional person.

And in order to do this you will need:

The set of questions about medical ethics, medical law, medical liability and medical licensing from this module.

We will know you can do it when:

1. You demonstrate you understand the principles of medical law and medical ethics by giving correct answers to the questions at the end of the module.
2. You demonstrate you understand the meaning of "professional" as it applies to the Medical Assistant, by giving correct answers to the questions at the end of the module.

# INFORMATION

When you take your first job as a Medical Assistant you enter the world of the "professional". This means that there are certain standards you will live by while you are employed as an M.A. Some of these are legal requirements and some are moral rules which the medical profession has laid out for itself.

Read pages 136-166 in Your Roles As A Medical Assistant by Hardy and Martin. Take your time doing this. Write your answers to the first set of questions as you go along.

Then, read chapter 3 in The Medical Assistant by Bredow and Cooper. Write your answers to the second set of questions as you go along.

## JOB STEPS

1. Read the assigned pages in Your Roles As A Medical Assistant.

2. Write your answers to questions below, on scrap paper, as you read.

   1) It is important for a Medical Assistant to have a helpful attitude toward other doctors, salesmen and insurance people because:

      A. They might become patients for the doctor.
      B. Your boss may have fault found with him, if you have a bad attitude.
      C. You should help your doctor-boss have a good image or reputation.
      D. These people are all necessary to a medical practice.
      E. All of the above.
      F. None of the above.

   2) Can a doctor who goes by the rules of medical ethics advertise?

   3) Answer true or false:

      A. The M.A. should learn to observe, listen and question when talking to patients.
      B. The M.A. sometimes has to let the doctor know things about patients which the patient has not told the doctor.
      C. It's ok to tell other people, such as friends and relatives of yours, all of the same things about patients that you would tell the doctor.
      D. It is important to be careful, while on the phone, about the information other people might overhear.
      E. It's ok to ask personal questions, of patients, in front of other people.
      F. You do not need a patient's permission to give information to his/her lawyer.

   4) If you make an appointment for a patient to have office surgery, is the implied consent of the appointment all you need?

   5) If you answered no to #4, what should you have in addition to the implied consent?

   6) Can a Medical Assistant suggest treatment or medication?

3. Read chapter 3 in The Medical Assistant by Bredow and Cooper.

## JOB STEPS

4. Write your answers to these questions on scrap paper as you read.

    1) Medical laws are necessary to protect:

        A. The doctor
        B. The patient
        C. The M.A.
        D. All of the above
        E. None of the above.

    2) Are Medical Assistants licensed?

    3) Are Doctors licensed?

    4) Are Dentists licensed?

    5) Name three things a doctor might do which would result in the loss of his/her license.

    6) Informed consent means the patient and/or their legal guardian fully understands what is to be done, what it will mean to them in terms of pain, final outcome and any risks involved. This must all be explained in language they can understand. In the following examples, tell who should sign the consent form.

        A. A ten year old boy who is to have a T & A (Tonsilectomy and Adenoidectomy).
        B. An 82 year old woman, who is confused, senile mentally, who needs minor office surgery.
        C. A fifteen year old girl who wants an abortion.
        D. A severely retarded adult who is to have an appendectomy.
        E. A normal adult needing x-rays of a possible fractured wrist.
        F. A married 15 year old girl, whose husband is 20, and needs her tonsils removed.

    7) Is the following true or false?

        A doctor may withdraw his services from a patient at any time, however, the patient must notify the doctor in writing if he/she is going to dismiss the doctor.

    8) Do you think a Medical Assistant may safely do the following? Your instructor will discuss the answers with you.

        A. The doctor is late because of an emergency. Ms. Jones insists that you give her son's allergy injection since you always do it when the doctor is in.

## WORD GUIDE

ABCESS - Localized infection.

STERILIZE - Make free of germs.

INTRAMUSCULAR - Into the muscle.

SUBCUTANEOUSLY - Under the skin layers.

## JOB STEPS

B. Ms. Johnson comes in to have her sutures removed from her appendectomy incision. You have permission from the doctor to do this. When you begin, you find that there is some pus around the incision. Since you know that "stitch" abcesses are common you go ahead and remove the sutures even though the doctor is not in.

C. A patient the doctor has been treating for cancer questions you about a "new miracle drug" being used in Mexico. You tell her that it is a fake and that you would advise her against it. She becomes angry and expresses dissatisfaction with your boss and her handling of the treatment she is receiving. You make arrangements for her to talk it over with the doctor.

9) Name the situations a doctor must report to various state, local and/or federal agencies. There are five.

10) If you have failed to sterilize an instrument properly and a wound infection results, are you liable?

11) If you have injected a medication labeled, "for intramuscular use only", subcutaneously, and the patient develops an abcess, are you liable?

12) If a person who has had an allergy shot or a shot of penicillin has been asked to wait in the waiting room for 20 minutes, but he/she leaves without asking, are you liable if he/she has a reaction after he/she leaves?

13) What could you use for "proof" in question 12 that you had told the patient to wait and that he/she did not?

14) Can you (the M.A.) suggest a patient see another doctor? If "yes", list two times you could do so. If "no", explain why you cannot.

15) Mark T, for true, (on scratch paper) next to the items which you think show professional behavior. Mark F, for false, next to those which are not professional behavior.

A. Chewing gum while on the phone.

## WORD GUIDE

ABCESS - Localized infection.

STERILIZE - Make free of germs.

INTRAMUSCULAR - Into the muscle.

SUBCUTANEOUSLY - Under the skin layers.

## JOB STEPS

B. Ms. Johnson comes in to have her sutures removed from her appendectomy incision. You have permission from the doctor to do this. When you begin, you find that there is some pus around the incision. Since you know that "stitch"           are common you go ahead and remove the sutures even though the doctor is not in.

C. A patient the doctor has been treating for cancer questions you about a "new miracle drug" being used in Mexico. You tell her that it is a fake and that you would advise her against it. She becomes angry and expresses dissatisfaction with your boss and her handling of the treatment she is receiving. You make arrangements for her to talk it over with the doctor.

9) Name the situations a doctor must report to various state, local and/or federal agencies. There are five.

10) If you have failed to sterilize an instrument properly and a wound infection results, are you liable?

11) If you have injected a medication labeled, "for intramuscular use only", subcutaneously and the patient develops an           are you liable?

12) If a person who has had an allergy shot or a shot of penicillin has been asked to wait in the waiting room for 20 minutes, but he/she leaves without asking, are you liable if he/she has a reaction after he leaves?

13) What could you use for "proof" in question 12 that you had told the patient to wait and that he/she did not?

14) Can you (the M.A.) suggest a patient see another doctor? If "yes", list two times you could do so. If "no", explain why you cannot.

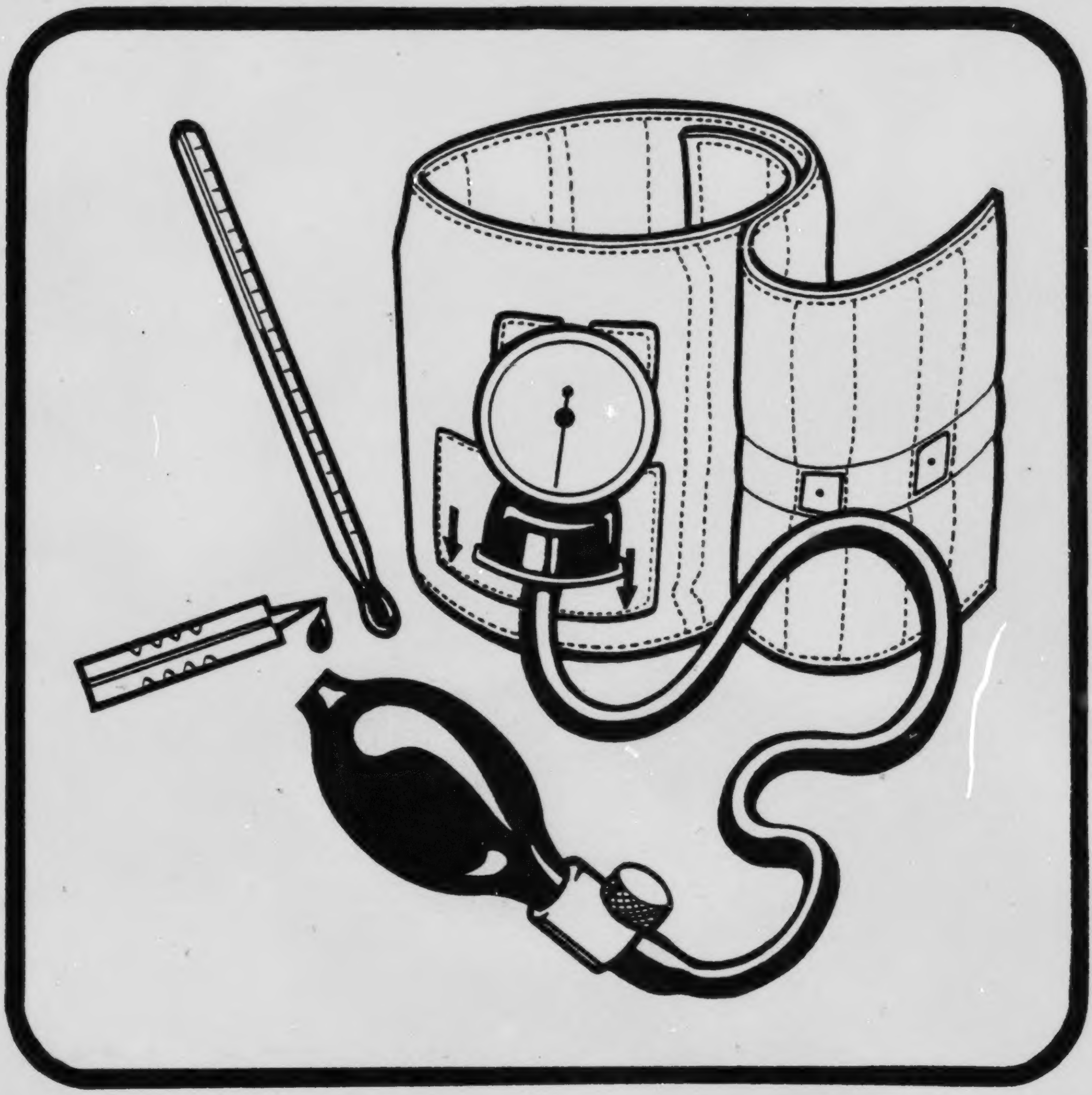
15) Mark T, for true, (on scratch paper) next to the items which you think show professional behavior. Mark F for false, next to those which are not professional behavior.

A. Chewing gum while on the phone.

## JOB STEPS

B. Calling adult patients by Mr., Mrs., or Ms. and their surname instead of their first name.
C. Wearing a clean uniform and shoes.
D. Calling in when you are ill and can't be there.
E. Not calling in when you will be late.
F. Using a lot of slang.
G. Showing interest in new procedures.
H. Turning down opportunities for continuing education.

5. Discuss your answers with your instructor.



# medical assistant

unit: MEDICAL OFFICE FIRST AID

capital area career center

module: 4401 18 001 date: August 1977 level:

skill title: How to Instruct a Patient In the Care of Eye Emergencies

developed & written by: Pat Pittenger

visuals by: Mary Ann Gamel

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to give emergency care and/or instructions (in the absence of the doctor) to patients with eye injuries.

### AND IN ORDER TO DO THIS YOU WILL NEED:

A person acting as a patient

Bulb syringe or eye flushing bottle

Small curved basin

Eye tray containing:

- Sterile cotton tip applicators
- Sterile cotton balls
- Sterile eye pads
- Scotch cellulose tape 1/2" wide
- Ophthalmoscope

Bottle of distilled $H_2O$ - sterile

Lamp

Bath towel

Patient's chart

Pen

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You can give first aid without causing further eye injury.

2. You can make the patient comfortable as possible until the doctor arrives.

3. You arrange immediate treatment for the patient if the eye condition is serious.

4. You record events on patient's chart.

## WORD GUIDE

OPTICIAN - Not a physician - makes lenses.

OPTOMETRIST - Licensed to examine refractive errors in the eye.

OPHTHALMOLOGIST - Is an M.D. skilled in treatment of all eye diseases.

## INFORMATION

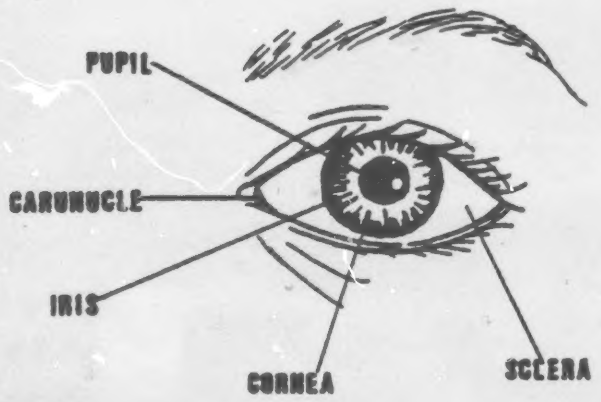
The eye is an important organ. Its care and protection is a major health consideration. Eye care usually involves one or more groups of specialists:

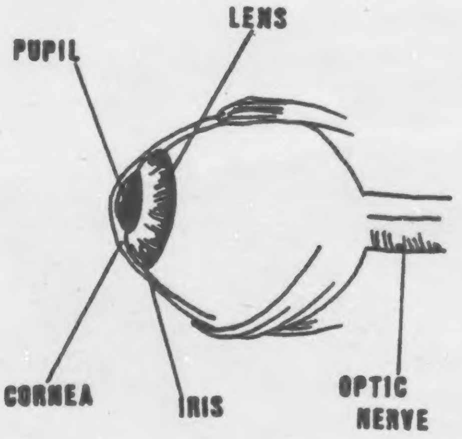
1. Optician
2. Optometrist
3. Ophthalmologist

If the medical assistant works with an eye doctor, it is important for him/her to become familiar with terms relating to the eye The National Society for the Prevention of Blindness puts out an eight page pamphlet, "Vocabulary of Terms Relating to the Eye". Read this pamphlet before doing the job steps.

Never put any medication, ointment, or drops in a patient's eyes unless you have been trained to do so and there is a dated, written doctor's order.

Before you continue with the mod. Study the pictures below. Learn the major parts of the eye.





Be sure you can name the different parts of the eye without looking.

## WORD GUIDE

FOREIGN BODY - Any particle or object, a piece of dirt, glass, bug, eyelash, splinter.

O.D. - Right eye.

O.S. - Left eye.

## JOB STEPS

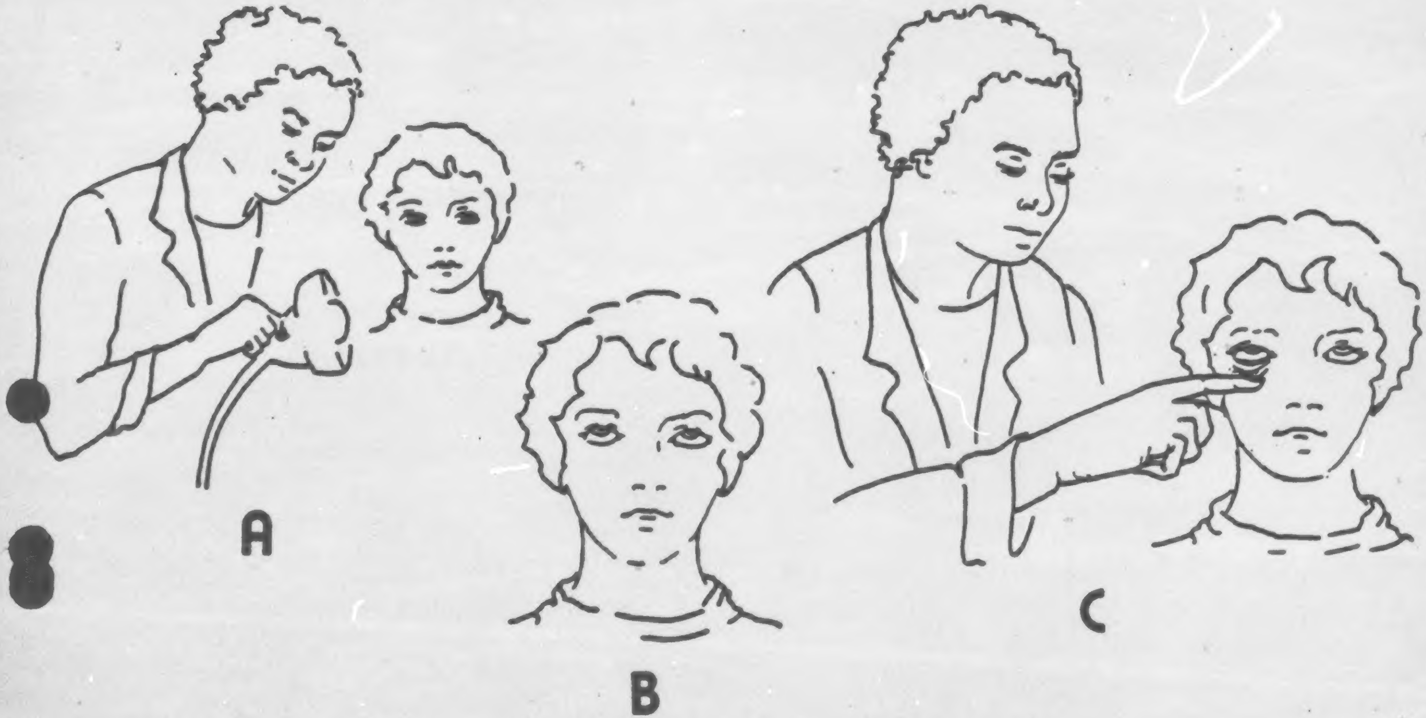
1. Collect your materials.

   NOTE: The following job steps refer to emergency care for a patient who has a foreign body in the eye for only a short time.

2. If possible, have the patient sit in a chair that has a headrest. If one is not available, have patient lie down on the examination table.

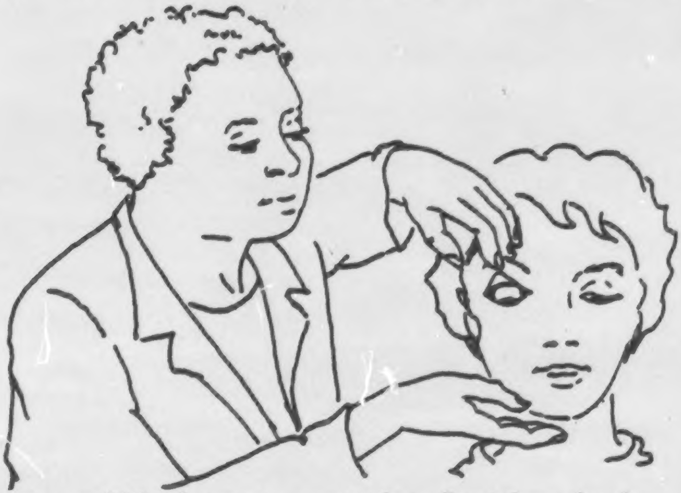
3. Look at the eye closely. Follow these steps:

   A. Turn on light.
   B. Instruct patient to look up.
   C. Gently, with fingers, pull lower lid down. Examine eye for foreign body.

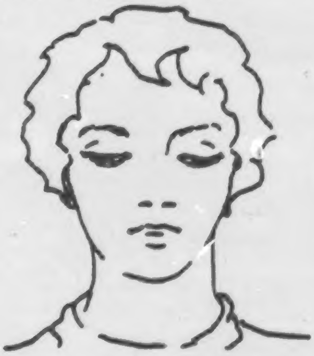


## JOB STEPS

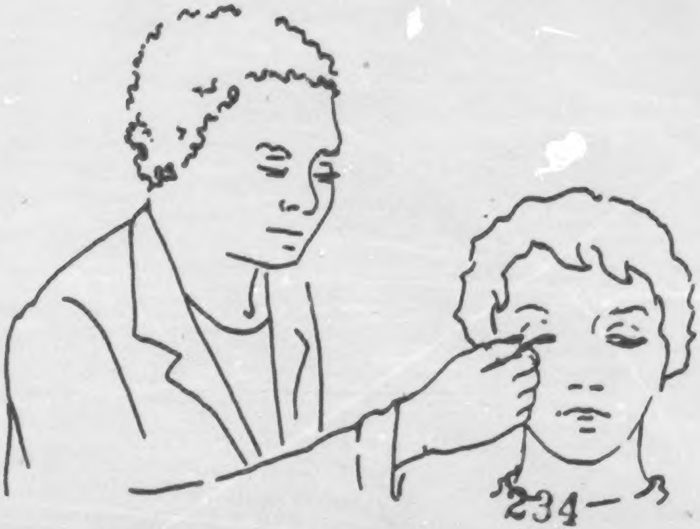
D. If you do not see foreign body, examine upper eye lid.



E. If you still do not see the foreign body, instruct the patient to look down at their feet. Tell them you are going to turn their eyelid up.



F. Use thumb and fingers of one hand to hold lashes.

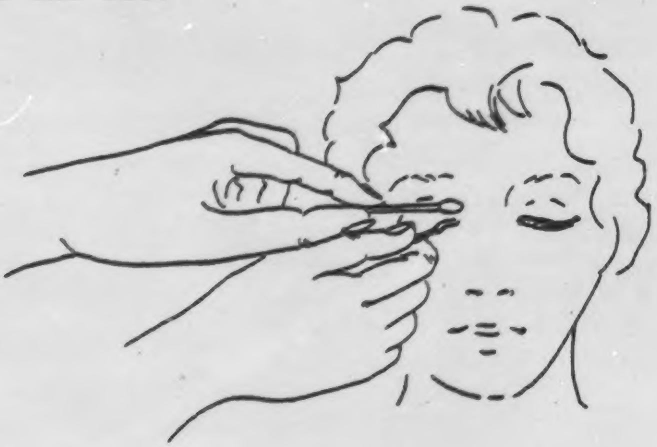


## WORD GUIDE

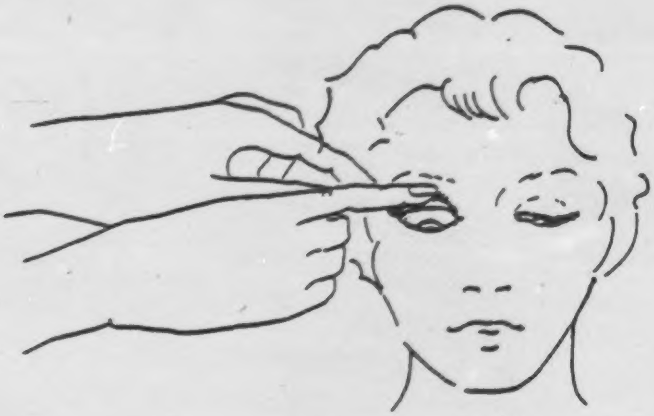
**EMBEDDED** - Firmly, fixed, attached.

## JOB STEPS

G. With the other hand, place an applicator across the upper part of the lid.



H. Pull lashes downward and forward away from the eye as the applicator is gently pressed downward. Turn lid up and over the stick



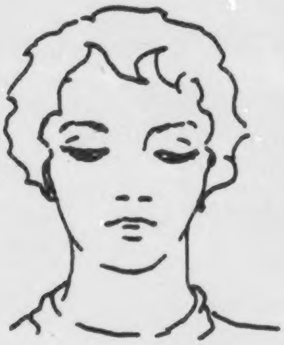
4. If you find the foreign body, use a moist, sterile, cotton tip applicator to remove it by gently touching the foreign body.

**NOTE**: If this method is unsuccessful or the foreign body has been in the eye for a long period of time or is embedded into the eye, DO NOT ATTEMPT TO REMOVE IT. WAIT FOR THE DOCTOR!

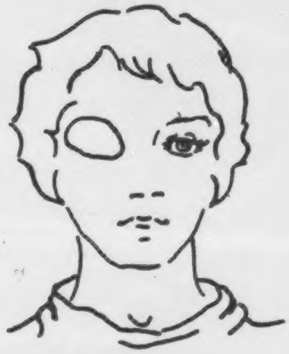
## JOB STEPS

5. If you remove the foreign body, complete the following steps.

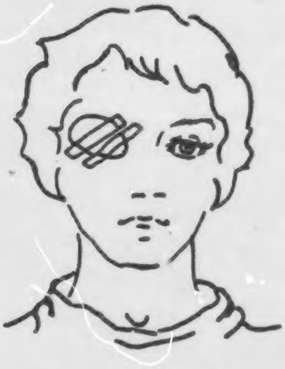
A. Have patient close eye.



B. Place sterile eye patch over the eye.



C. Secure with two pieces of tape.



WORD GUIDE

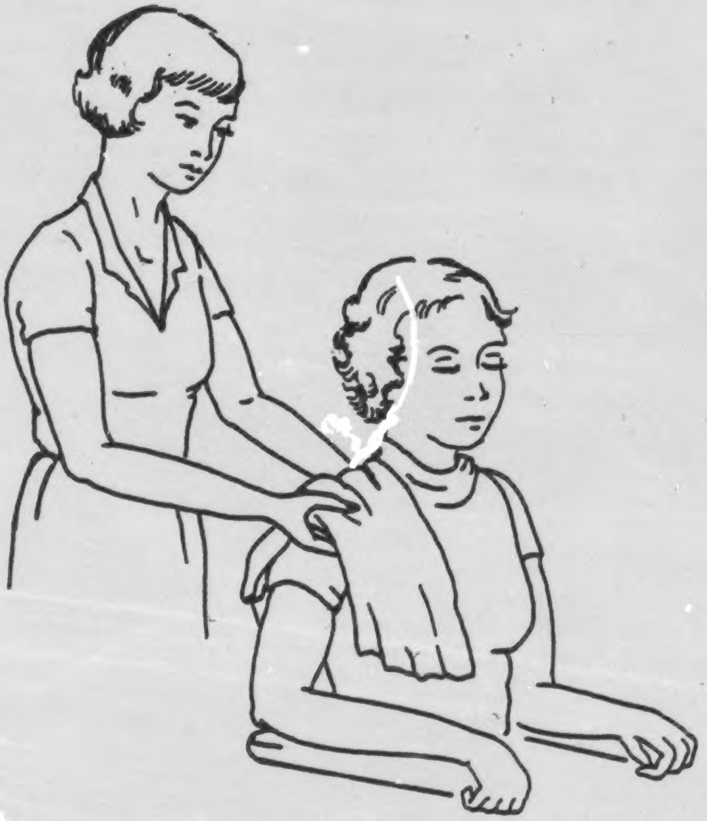
**FLUSH** - Washed with continuous flow of water.

JOB STEPS

D. Assure patient doctor will see him/her as soon as he/she arrives.

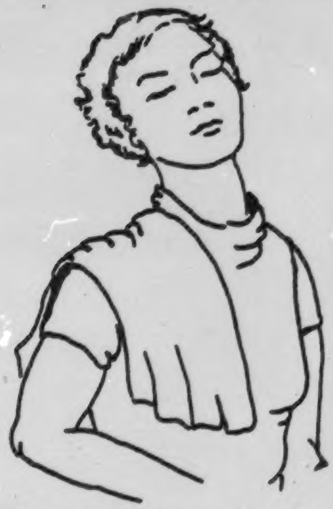
6. You can also remove the foreign body by flushing the eye with sterile water:

A. Place towel across patient's shoulder on same side as eye injury.

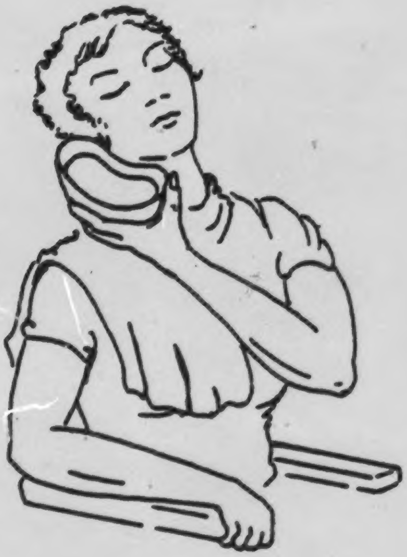


## JOB STEPS

B. Tell the patient to tilt head slightly back and toward the injured side.

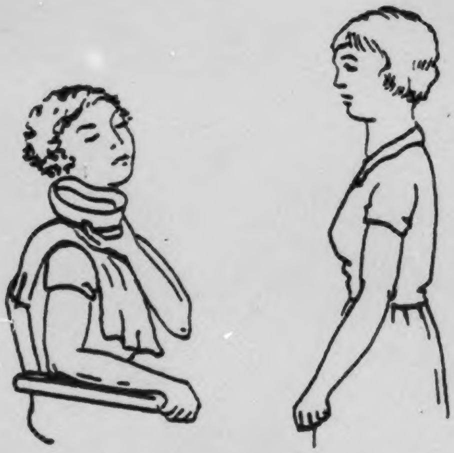


C. Give the curved basin to the patient. Have the patient hold it close to cheek on affected side.

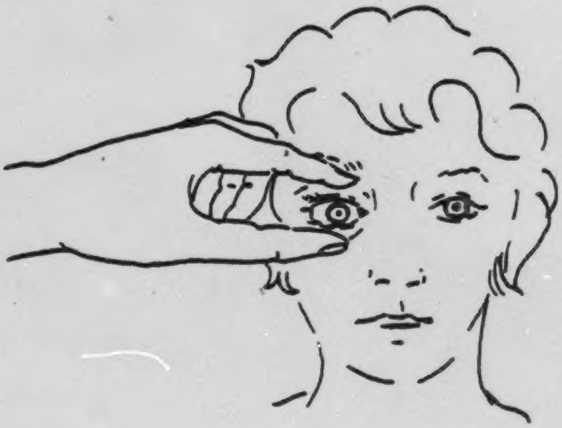


## JOB STEPS

D. Stand in front of the patient, so you can see what you are doing.

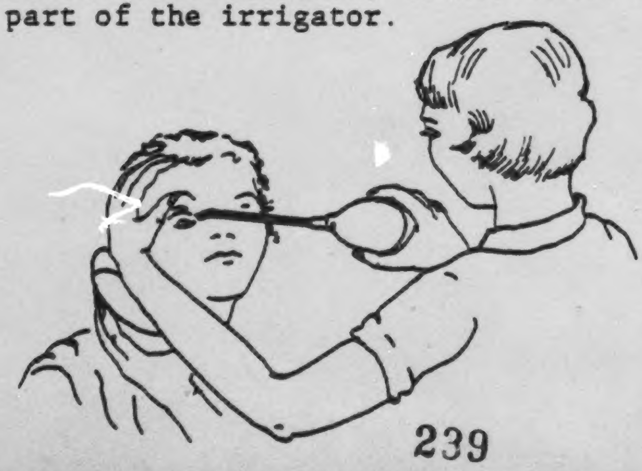


E. Using your thumb and fingers of one hand, hold open the eye lids.



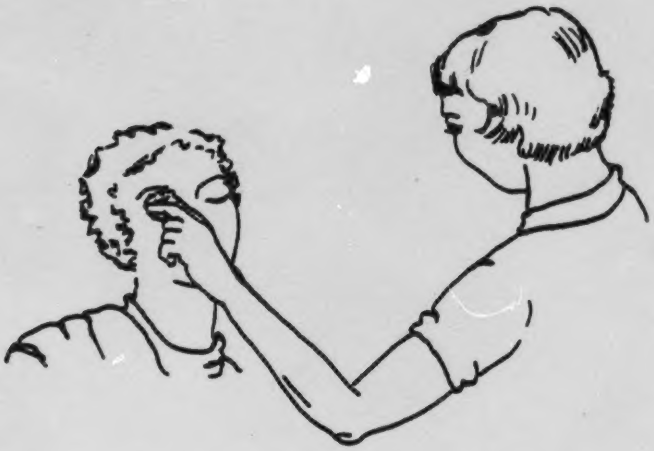
F. With the other hand, take the bulb syringe or eye flushing bottle, gently (do not use force) flush the eye with sterile water.

NOTE: To prevent contamination, do not touch the eye with any part of the irrigator.

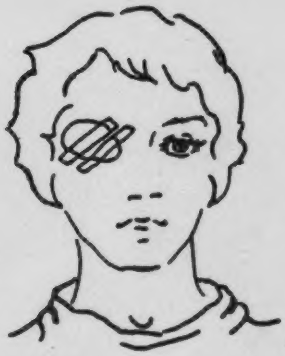


## JOB STEPS

G. When you complete the irrigation process, gently dry the eye and cheek using cotton.



H. Cover eye with eye patch until doctor arrives.



7. On patient's chart, write the treatment, location and type of foreign body.

## ACID AND ALKALI BURNS

**NOTE**: Emergency - Whenever acid or alkali gets on the lids or into the eyes, there is usually no time to wait for a physician.

## JOB STEPS

8. For acid or alkali burns, the treatment will be the same regardless if the patient calls on the phone or comes into the office. Treatment:

   A. Using water, flush the entire eye; the lids, conjunctiva and cornea, or

   B. The most effective method is to immerse the patient's head in a sink or basin filled with water. Instruct patient to keep eye open, or

   C. Have the patient hold head under faucet with running water and eyes open.

   D. Make immediate arrangements for the patient to see an ophthalmologist.

   E. Record type of burn, right or left eye or both, treatment given and name of doctor patient was referred to.

   NOTE: Remember! Before giving treatment, remove contact lenses if patient is wearing them.

9. For lacerations or hematomas of the eyes, immediately refer patient to the ophthalmologist or Hospital E.R., regardless if the patient calls or comes into the office.

10. Recall what you have learned. Complete the following items. Write your answers on a separate sheet of paper.

    1. Name the three types of people who are involved in eye care.

       A. ____________________

       B. ____________________

       C. ____________________

    2. Name three parts of the eye.

       A. ____________________

       B. ____________________

       C: ____________________

## JOB STEPS

3. If a foreign body were embedded in a patient's eye, you would ______________________________________________.

4. What type of eye injury would you give emergency treatment to without waiting for the doctor? ______________________

5. What is the short term for right eye? left eye? __________ __________________

## ANSWERS

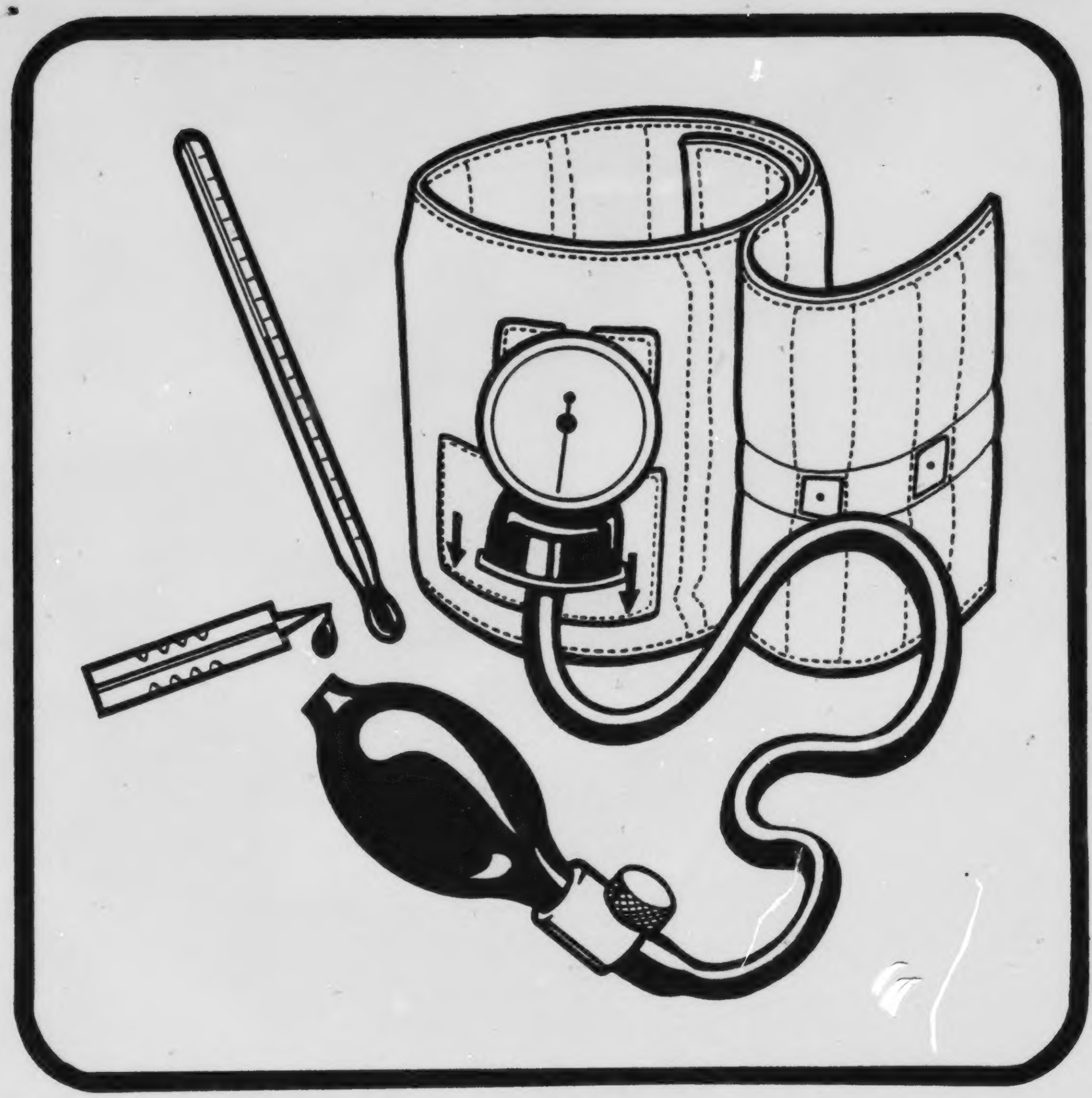
1A. Optician
 B. Optometrist
 C. Ophthalmologist

2A. Cornea
 B. Pupil
 C. Iris

3. Wait for the doctor.

4. Burns, acid and alkaline.

5. O.D. and O.S.



# medical assistant

**unit:** MEDICAL OFFICE FIRST AID

## capital area career center

**module:** 4401 18 002 **date:** August 1977 **level:** II

**skill title:** Emergency Treatment for Burns

**developed & written by:** Pat Pittinger

**visuals by:** Mary Ann Gamel

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to give phone instructions for first aid treatment of a burn.

How to give emergency care in the absence of the doctor to patients with first, second and third degree thermal burns and chemical burns.

### AND IN ORDER TO DO THIS YOU WILL NEED:

Basin with water

Soap

Bland ointment such as Vaseline or Noxzema

Sterile gauze bandage: square and roller gauze

Person acting as patient

Phone

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You calm the burned patient and keep them comfortable.
2. You use aseptic technique to cleanse burn areas with cool water and mild soap.
3. You prevent further injury to burned areas.
4. You make arrangements for hospital admission if necessary.
5. You record burned areas, degree of burns, cause of burns and first aid treatment on patient's chart.
6. You see to it that patient is seen by a doctor as soon as possible.
7. You clearly state emergency instructions so that the person calling can understand them.

## INFORMATION

Burns can result from heat (thermal burns) or from chemicals (chemical burn). Every burn including even sunburn, can be complicated by shock.

All burn patients should be treated for shock. The following is a list of first aid care objectives for burns:

A. Prevent shock

B. Prevent contamination

C. Control pain

Type of treatment is determined by:

A. The amount of body burned.

Even skilled physician's sometimes find it difficult to immediately evaluate the depth of the burn. To quickly estimate the amount of body surface burned in order to determine treatment, use the following as a guideline:

A. All of one leg = 18%

B. All of one arm and head = 18%

C. Front of trunk = 18%

D. Back of trunk = 18%

A person with 25% of the body surface burned can develop "burn shock" and may die unless he/she receives immediate first aid! With "burn shock", the body sends liquid part of the blood into the burned areas. There may not be enough blood volume left to keep the brain, heart and other organs functioning normally.

B. The severity of burns.

1. First degree (1°): Top or outer layers of skin is red; may be slightly swollen.
2. Second degree (2°): The under skin or second layer is red and has blisters.
3. Third degree (3°): All layers of skin are destroyed; has a white charred appearance.

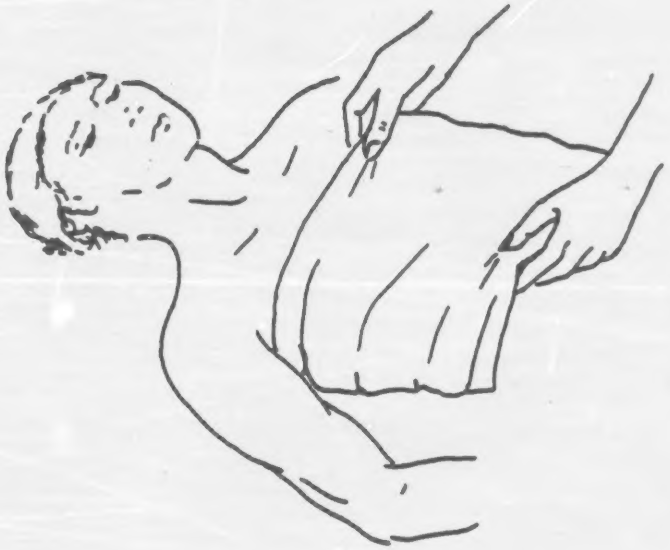
## JOB STEPS

### I. Treating Thermal Burns

1. If a person with a thermal burn calls in for advice, give the following information for treatment:

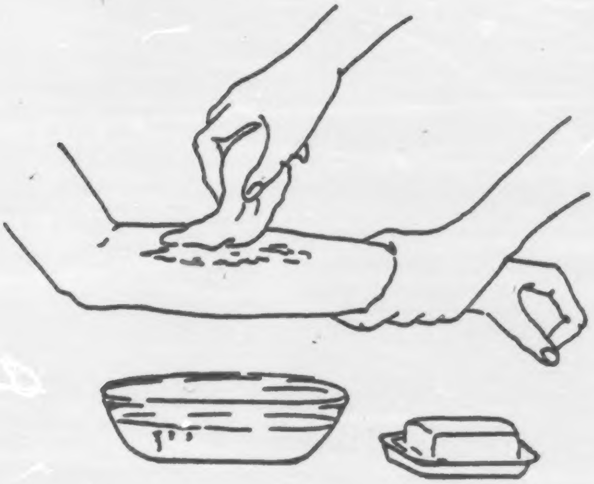
   A. First determine the degree of the burn and how large an area is burned.

   B. If a large area is burned, tell the person to wrap the burned area in a clean sheet or towel and go immediately to the nearest hospital emergency room.



## JOB STEPS

C. If a small area is burned and you determined it is a first degree burn, tell the caller to wash with cool water and soap. Be careful not to touch burn with hands but rather, use clean towels or sterile gauze (if family has sterile gauze). Do not use ice but, apply a bland ointment, such as Vaseline or Noxzema. Cover with a sterile gauze bandage.

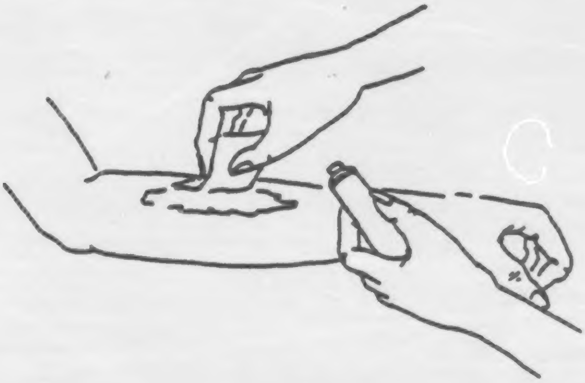


2. For later care of minor burns; instruct the person to do the following steps:

   A. Using soap and water, cleanse burn once or twice a day.

   B. Throughly rinse and carefully dry area.

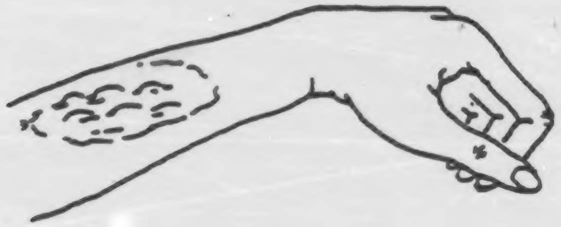
   C. Cover area with a thin layer of bland ointment.



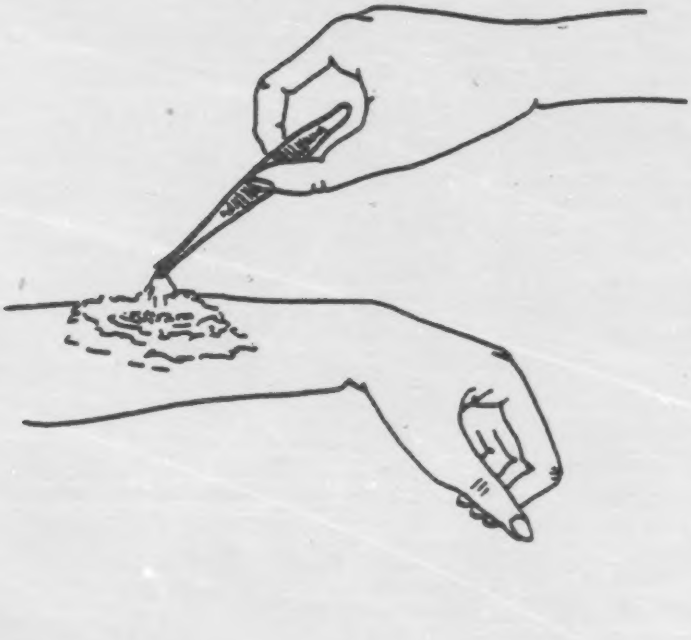
## JOB STEPS

D. Do not break blisters.

NOTE: They provide a sterile cover over the wound.



E. When the blisters break, remove the loose skin.



## JOB STEPS

F. Watch for any signs of infection: Reddness, pain, heat and swelling.

G. If infection occurs, immediately see the doctor.

3. Immediately take care of patient who comes into the office with first and second degree burns.

4. Be sure to do the following steps:

A. Wash your hands.

B. Use aseptic technique.

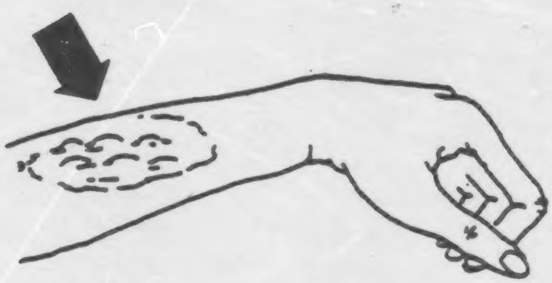
C. Explain each step to the patient.

D. Using soap and water, gently wash burn area.

E. Cover lightly with a sterile gauze or sterile towel, until the doctor arrives.

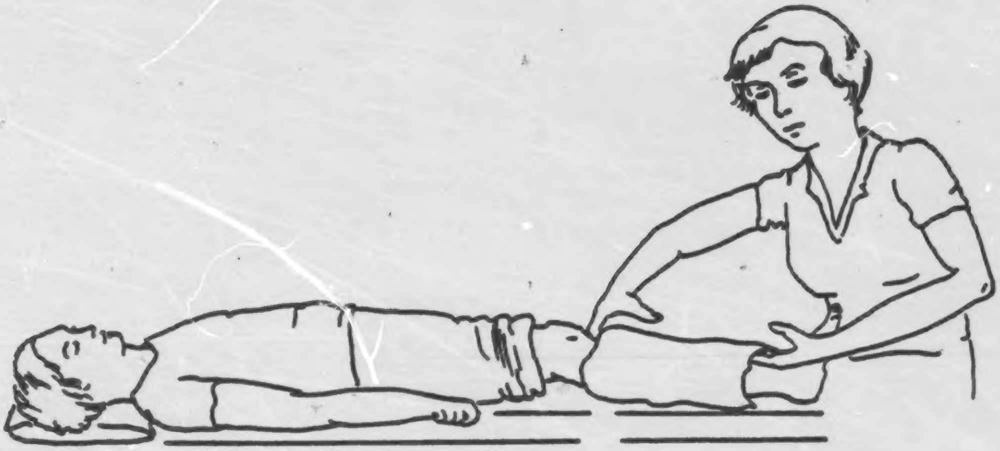
F. Keep the patient comfortable.

NOTE: Do not disturb or break blisters.

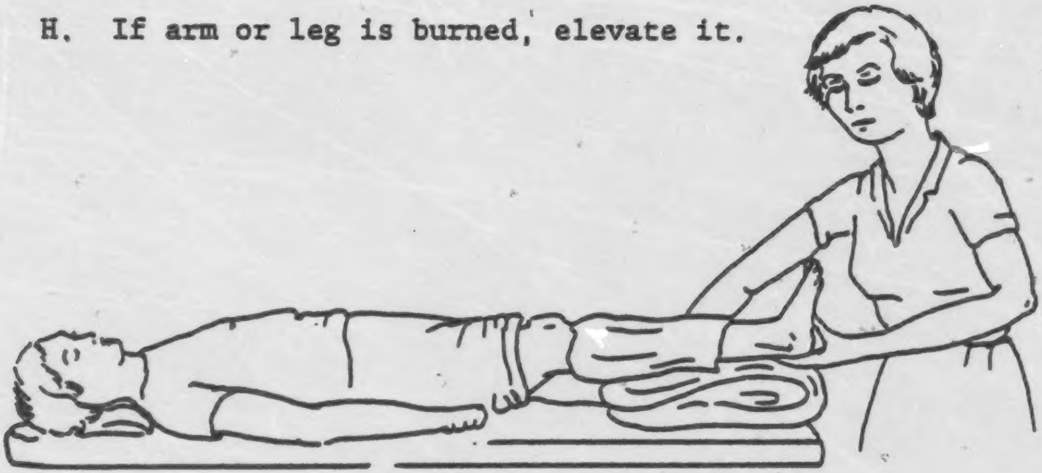


## JOB STEPS

G. If the patient is experiencing a lot of pain, run cool water over burn or immerse the burned area in a sterile container with cool water or frequently apply cool towels.



H. If arm or leg is burned, elevate it.



5. On patient's chart, record area burned, degree and treatment given.

## JOB STEPS

6. If the doctor is delayed or not expected for an hour or so, immediately send the patient to the hospital emergency room.

## II. Treating Chemical Burns

1. Immediately take care of the patient.

2. With lots of water, wash away the chemical. Making certain there is no trace of chemical left on skin.

   NOTE: Do not use soap; it is a neutralizing agent. Water is best to use.

3. Place a sterile gauze or towel over area.

4. Chart kind of burn, degree, area burned and treatment given.

5. Have doctor see the patient as soon as possible.

6. If a large area is burned, send the patient to hospital emergency room.

7. If a patient with a third degree burn comes to the doctor's office and the doctor is due in 10-15 minutes, do the following steps:

   A. Remove or cut away clothing.

   B. Reassure patient that the doctor will come.

   C. Using a soft sterile pad or towel, cover all the burned area.

      NOTE: Keeping air away from the burn reduces pain. Third degree burns are very painful.

## JOB STEPS

D. Do not apply ice or cold packs; it may cause greater shock.

E. Keep arms, legs or face elevated if they are burned.

F. Watch for respiration problems.

G. Keep an airway open. If necessary use rescue breathing (if trained to do so).

H. Treat for shock by keeping patient warm. If patient is conscious, give fluids such as water juice or coffee.

8. Record on patients chart.

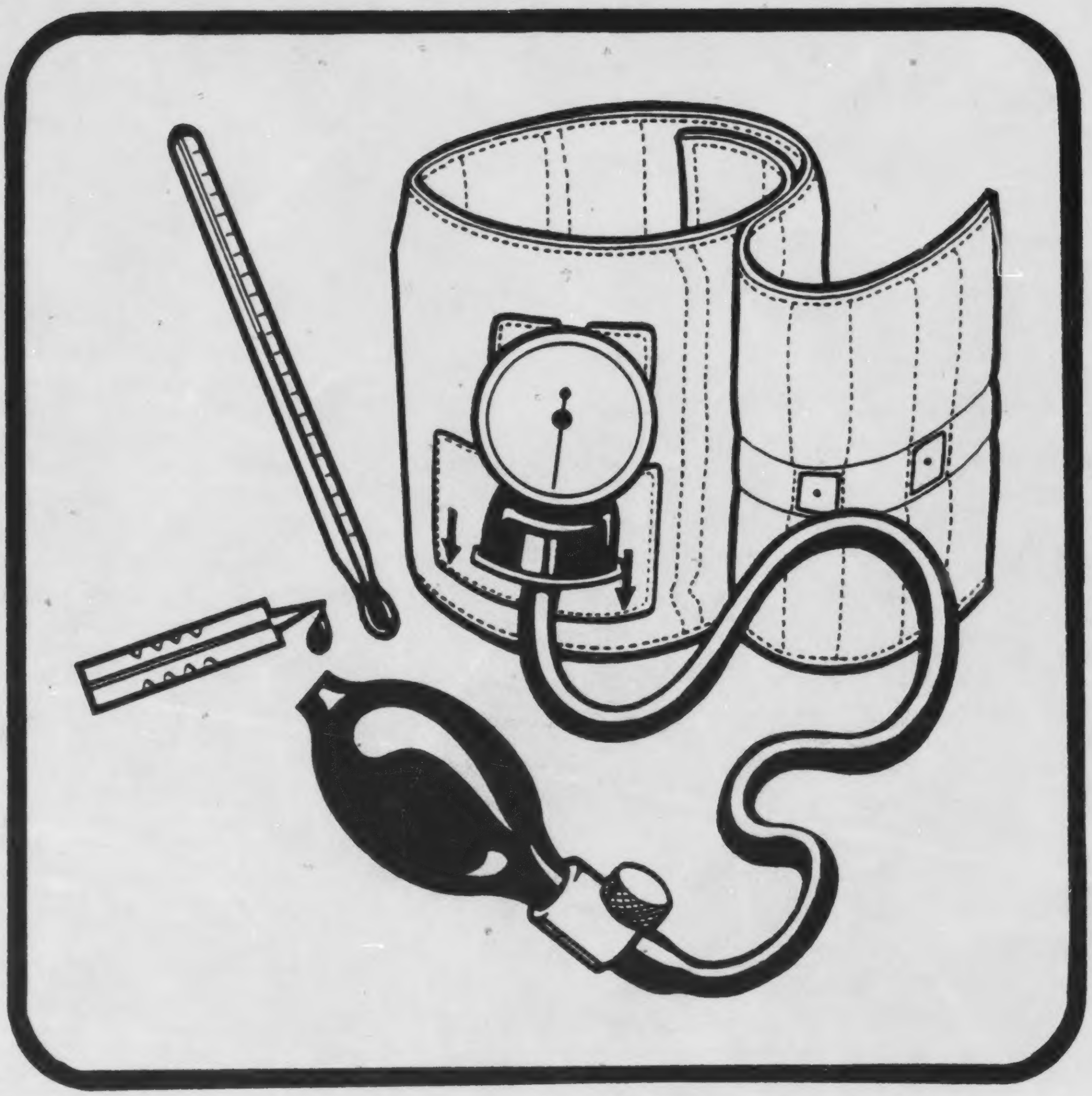
9. Recall what you have learned. Write your answers on a seperate sheet of paper.

## QUESTIONS

1. Name three objectives of emergency care for burns.
    1.
    2.
    3.
2. In second degree burns, the under skin is ____________ and has ____________________.
3. Name the signs of infection.
    1.
    2.
    3.
4. In caring for all burns, you use ______________________.
5. To prevent shock, name two things you can do for a patient.
    1.
    2.

## ANSWERS

1. Prevent shock, prevent contamination and control pain.
2. Red, blisters
3. Reddness, heat, pain, swelling
4. Aseptic technique
5. Keep patient warm, force fluids



# medical assistant

unit: MEDICAL OFFICE FIRST AID

## capital area career center

module: 4401 18 003 date: August 1977 level: _____

skill title: Recognition and Control of Bleeding in Emergency Situations

developed & written by: Pat Pittenger

visuals by: Mary Ann Gamel

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to give first aid in the absence of the doctor to a patient with a superficial laceration, a deep laceration, or a nose bleed.

How to recognize the signs or symptoms of internal bleeding.

### AND IN ORDER TO DO THIS YOU WILL NEED:

Cot or examining table

Basin, soap, and water

Bath towel

Bandage scissors

Sterile gauze and sterile roller bandage

Adhesive tape

Suture set and suture

Sterile towels and drape

Sterile gloves

Nasal speculum

Nasal forceps

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You thoroughly wash the lacerations in order to prevent infection.
2. You control the bleeding or refer the patient else where if necessary.
3. You apply a temporary dressing, if needed.

WE WILL KNOW YOU CAN DO IT WHEN:

4. You see to it that the doctor sees the patient as soon as he/she arrives.

5. You make sure the patient is physically and mentally comfortable.

6. You record on patient's chart the description of injury and aid given.

## WORD GUIDE

Abrasion - Only skin is scraped off.

Laceration - A jagged or uneven cut involving tissue.

Puncture - Small deep cut made by a sharp, pointed instrument.

Incisions - A clean cut usually made by a doctor

## INFORMATION

One of the most common accident cases treated in the doctor's office involves bleeding from a cut or other accidential injuries.

In a short period of time, death may result form severe bleeding of arteries or veins. Remember: A cut artery causes spurting of bright, red, blood. A cut vein causes a flow of dark, red, or bluish blood.

Open wounds are classified as follows:

1. Abrasions
2. Lacerations
3. Punctures
4. Incisions

All patients should see a doctor when the following occurs:

1. Blood is spurting.
2. Slow bleeding continues beyond 4-10 minutes.
3. There are particles in the wound that will not wash out.
4. There is a deep puncture wound.
5. The wound is long or wide and may require stitches.
6. A nerve or tendon may be cut as in hand wounds.
7. The wound is on the face or wherever a noticeable scar would be undesirable.
8. The wound cannot be completely cleaned.

## INFORMATION

9. The wound was in contact with soil or manure

10. The wound is a bite from an animal or human.

11. The first signs of infection, pain, swelling, or reddness appears around wound.

Present United States Public Health Service Guidelines for tetanus boosters and immunizations are as follows:

DPT #1 - 2 months of age
DPT #2 - 3 months of age
DPT #3 - 4 months of age
DPT Booster #1 - 18 months
DPT Booster #2 - 5 years
Subesequent Boosters - every ten years

Tetanus in wound management: Unless the wound is a severe and very dirty wound, the patient is considered protected against tetanus if he/she has had a booster in the past five years. If the wound is severe and dirty and more than two years has elapsed, the patient will need a booster. If the wound is dirty and severe and less than two years has elapsed, the patient is considered protected by the U.S.P.H.S., however, many doctors feel a booster should be given anyway.

Individual doctors may vary the above schedule as they see fit, so be certain to check with the doctor regarding his/her preference.

Part I

## JOB STEPS

1. Read the following situation:

   Situation A

   A young father comes into the office with his five year old son. The boy had fallen off his bike. He has a few abrasions and one superficial cut on his right leg.

2. Have the father bring the child into the examining room. Tell the child his father can hold him, if he is quiet, while you look at his wounds and wash them.

3. Explain to the child everything you are going to do.

4. Wash your hands.

5. Fill a small basin with soap, water, and sterile gauze squares. Gently wash all injured areas by first rubbing directly over the wounds, then surrounding areas. (DO NOT TOUCH WOUND WITH FINGERS). When finished, throw away gauze squares and empty basin.

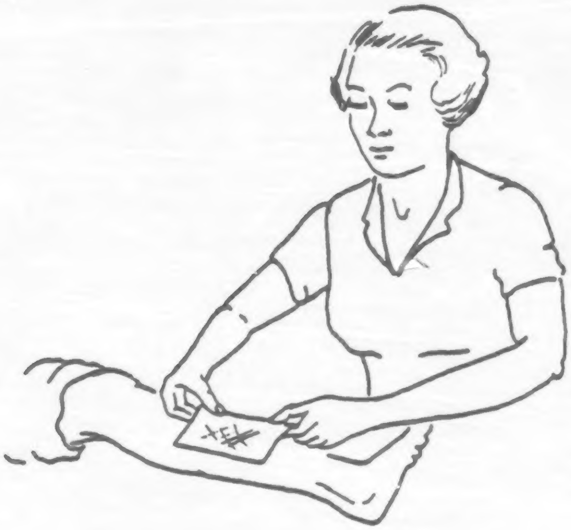
6. Fill basin with cool water and sterile guaze squares. Do not wring out gauze squares, but rather, squeeze out over wounds. Repeat these steps several times, until all wounds are completely rinsed.

7. If possible, take the child to the sink and cleanse the areas under running water.

   Note: Some abrasions do not need to be covered, unless they are in contact with clothing.

## JOB STEPS

8. Apply a dry sterile dressing large enough to cover the superficial cut.



9. Have the doctor check the child as soon as he/she arrives.

10. With the doctor's permission fasten the dressing with tape and/or roller gauze.

11. If the father calls for help on the phone, instruct him to do the following:

    A. Cleanse wound & surrounding areas with soap and water.

    B. Rinse under running water.

    C. Ask him the size (depth & length) of wound.

    D. Check if wound was from a dirty object

    E. Check how long since the child's last tetanus injection.

    Note: If wound was caused by a dirty object and it has been more than two years since last tetanus booster, have father immediately bring in child.

Part II

1. Read the following situation:

## JOB STEPS

A teenage girl comes into the office with a deep laceration that is profusely bleeding. The doctor is not in the office.

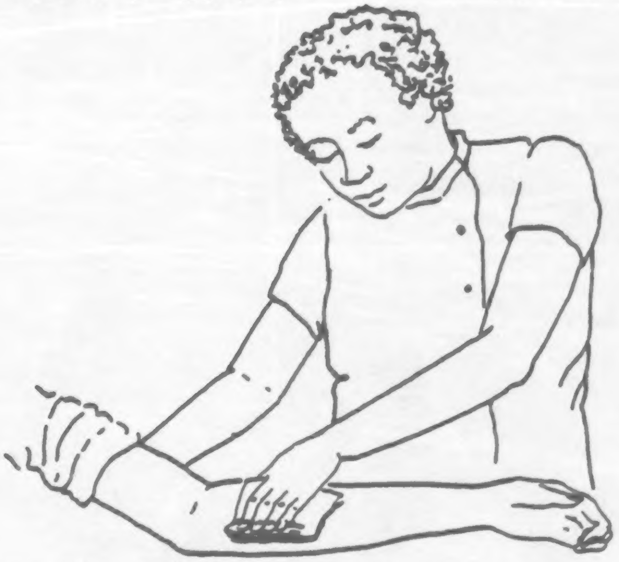
2. Quickly take patient to exam room.

3. Have the patient lay down (You do not want her fainting from the sight of, or from loss of blood).

4. If the patient or someone else is applying pressure to the wound, wash your hands.

5. Take several gauze squares and place directly over the wound.

6. Using the palm of your hand or placing four fingers flat over the wound, directly apply pressure to the wound.



7. Do not remove the pad for any reason.

8. If blood soaks through the pad, add more layers.

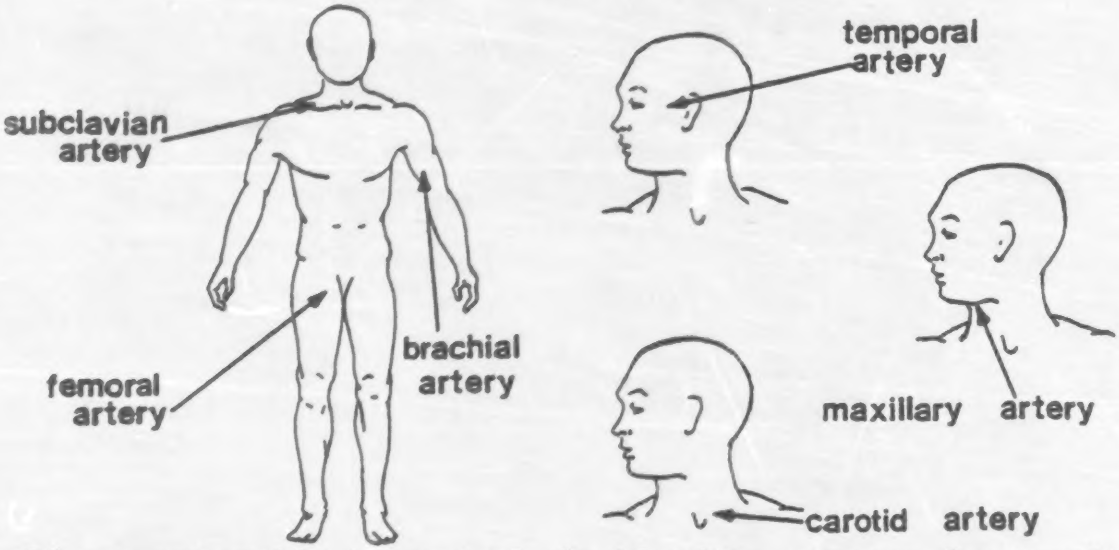
## JOB STEPS

9. If the wound is on a hand, arm, leg, or neck, raise area with a pillow or other object.

10. If bleeding is still severe, apply pressure on the main artery between the wound and the heart.

    Note: Only apply pressure to the artery until the bleeding stops; pressure on an artery stops circulation.

    The following illustrates the pressure points:


subclavian artery
temporal artery
brachial artery
femoral artery
maxillary artery
carotid artery

11. If you are unable to control the bleeding, arrange for immediate treatment at the hospital or by another doctor. Use the following procedure:

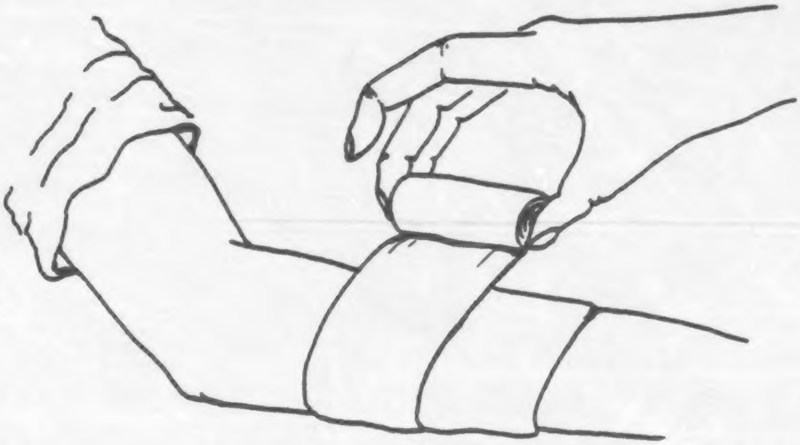
    A. Have another person make the arrangements while you continue the pressure.

    B. Have a relative continue the pressure and you make the arrangements.

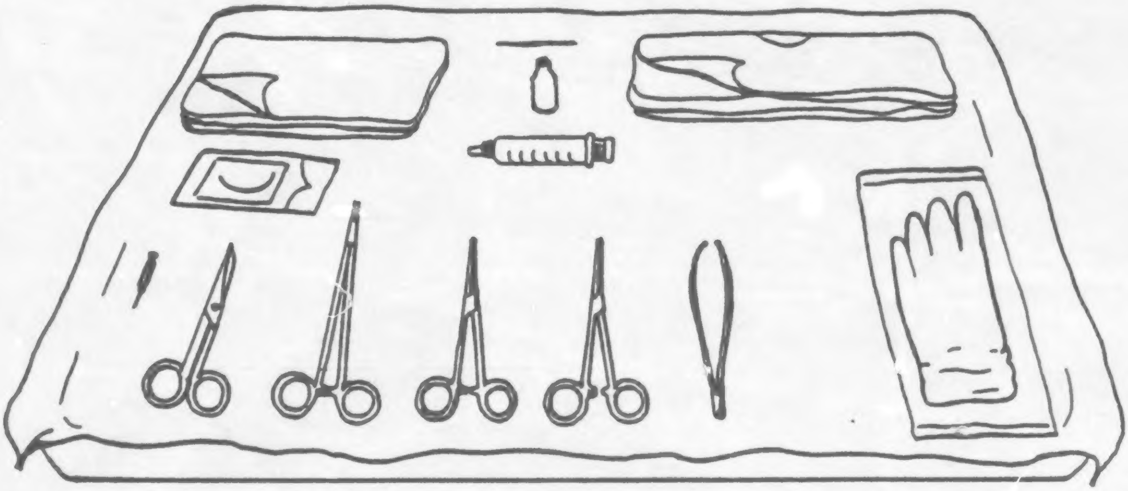
    C. If you are alone, instruct the patient to apply pressure then, immediately call an ambulance, unless you know another doctor is available right away.

## JOB STEPS

12. If the bleeding stops, take a roll of gauze and firmly wrap over gauze squares several times. Secure with tape.



13. Set up the tray table with the following items:
    A. Suture set (needle holder, hemostats tissue forceps scissors, suture, and needles)
    B. 2 sterile towels
    C. 1 drape sterile
    D. Sterile gloves for the doctor
    E. Syringe, needle, and xylo caine



## JOB STEPS

14. Continue to check the patient until the doctor arrives. Take blood pressure and pulse.

15. Have doctor check patient as soon as he/she arrives.

16. Record the treatment on patient's chart.

Part III

1. Read the following situation:

Situation C

A patient comes into the office with a nose bleed that is not caused from an injury.

2. Have the patient sit up and slightly tilt head back.

3. Tell patient to breathe through their mouths.

4. Loosen patient's collar, if tight.

5. Wet a towel or wash cloth in cold water. Wring out and place on bridge of nose or back of neck (use ice if available).

6. On the bleeding side on nose, press the nostril against the central portion of the nose for several minutes.

Note: This usually stops the bleeding and gives the blood a chance to clot.

7. If the bleeding does not stop, pack the nose with gauze. Use the following procedure:

A. With one hand, take the nasal speculum. Gently insert just inside the nose. To determine which side is bleeding, check each side.

Note: You will need a good light.

## JOB STEPS

Part III

1. Read the following situation:

   Situation C

   A patient comes into the office with a nose bleed that is not caused from an injury.

2. Have the patient sit up and slightly tilt head back.

3. Tell patient to breath through their mouths.

4. Loosen patient's collar, if tight.

5. Wet a towel or wash cloth in cold water. Wring out and place on bridge of nose or back of neck (use ice if available).

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7. If the bleeding does not stop, pack the nose with gauze. Use the following procedure:

   A. With one hand, take the nasal speculum. Gently insert just inside the nose. To determine which side is bleeding, check each side.

   Note: You will need a good light.

## JOB STEPS

B. Open a roll of 1/2 inch sterile gauze.

C. Take the nasal forceps and grasp one end of the gauze.

D. Gently but firmly push the gauze into the bleeding side.

E. Talk to the patient, reassuring him/her as you proceed.

F. Tell the patient not to blow their nose for one or two hours so he/she will not loosen any blood clots.

G. Record treatment on the patient's chart.

H. Have the doctor see the patient.

Part IV

1. Read the following situation:

   Situation D

   You have a patient in the office with abdominal pain and coughing up blood.

2. Have the patient lie down.

3. Ask the patient if he/she has had any recent surgery, an accident, or injury.

4. You find out if the patient was involved in a fight, or accident, and was hit in the stomach.

5. Take the patient's blood pressure, pulse, and respiration.

6. Note any signs of shock. The following is a list of shock signs:

   A. Cold, clammy, pale skin

   B. Rapid, weak pulse

## JOB STEPS

C. Rapid breathing

D. Perspiration

E. Extreme retlessness

F. Thirst

G. Nausea/vomiting

H. Loss of alertness

7. If the patient's blood pressure is below 80/60, Pulse is rapid and weak and patient shows one or more signs of shock, your patient is probably bleeding internally.

8. Immediately call the ambulance and make arrangements to admit patient to the hospital.

9. When the patient's blood pressure and pulse are normal, no signs of shock are apparent and the doctor is expected in 30 minutes or sooner, keep patient in the office.

10. Check vital signs every 10 minutes.

11. Keep patient warm, comfortable and offer reassurance.

12. Have doctor check patient immediately upon his/her arrival.

13. On patient's chart, record all observations, patient's description of what happened, and vital signs.

## JOB STEPS

Part V

1. Read the following situation:

   Situation E

   A parent calls to say their child has stepped on a "dirty" or "rusty" nail.

2. Follow the procedure below:

   A. Get the name and age of the child.

   B. Ask how far the nail went in or how deep the wound is.

   C. Check for any bleeding.

   D. Check how long ago it happened.

   E. Check when the child's last tetanus booster was. You may have to check the patient's chart for the date.

3. If the wound is a superficial scratch, and the child has had a booster within the last 2 years, tell the parent to follow the procedure below:

   A. Thoroughly wash the wound in soap and water.

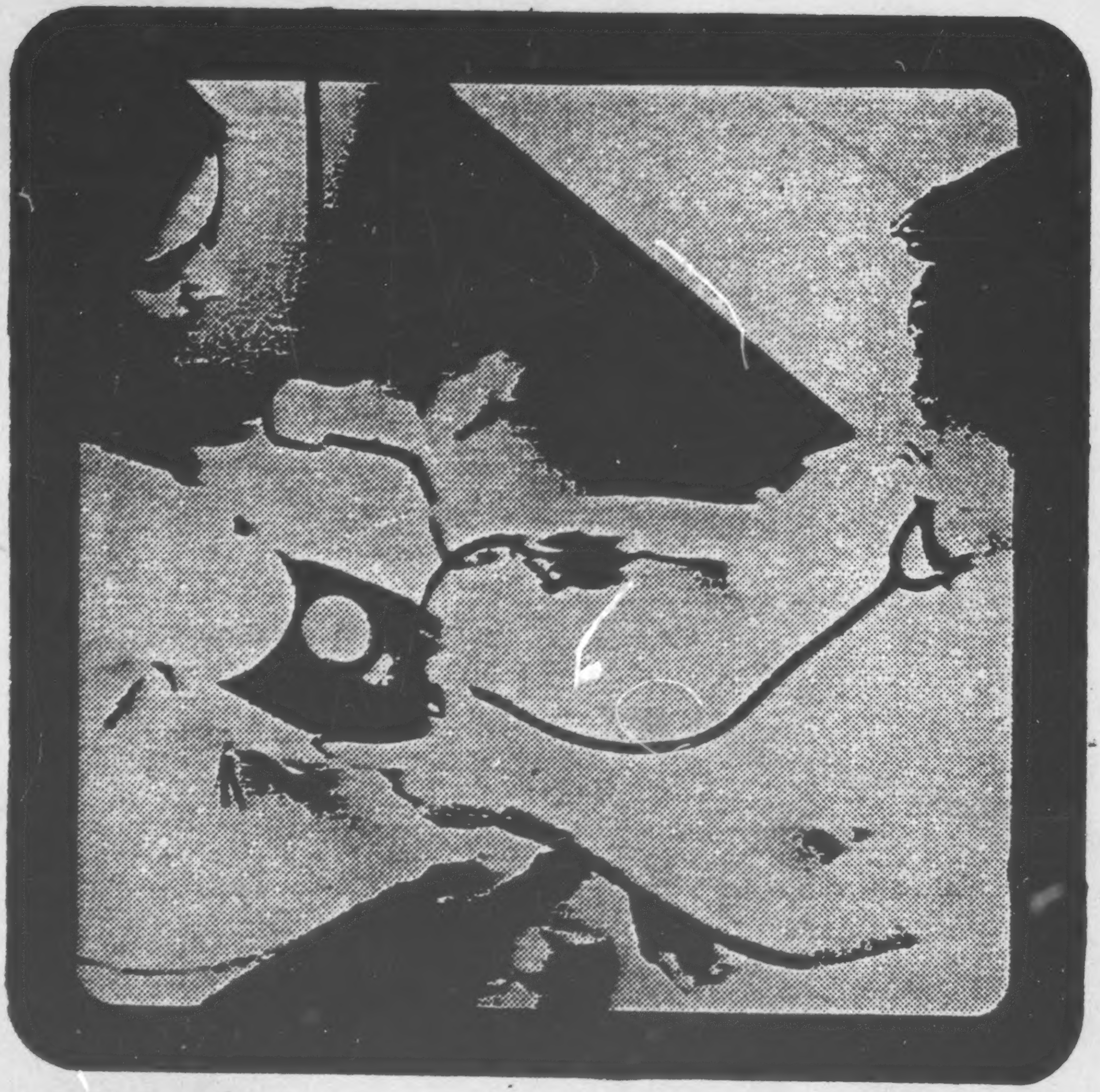
   B. Apply an antiseptic Betadine or Merthiolate.

   C. Cover with a band aide.

   D. Tell parent you will call back after checking with the doctor.

4. If the wound is deep, have parent clean the wound as instructed and then bring the child into the office for the doctor to check.

5. Record phone call and instructions on the child's record.



# medical assistant

unit: MEDICAL OFFICE FIRST AID

capital area career center

module: 4401 18 004 date: 8/77 level: IV

skill title: Emergency Care for Fainting, Convulsions and Unconscious Victims

developed & written by: Pat Pittinger

visuals by: Mary Ann Gamel

## WORD GUIDE

EPILEPSY - A chronic disease of the nervous system, characterized by convulsions and/or unconsciousness.

SPHYGMOMANOMETER - Instrument for measuring blood pressure.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to give first aid in the absence of the doctor to a person who feels faint or has fainted, or an unconscious person or a person who is having a convulsion or epileptic seizure.

### IN ORDER TO DO THIS YOU WILL NEED:

A bed, cot, examining table or floor.

Spirits of ammonia

Pillow, blanket

Otoscope or flashlight

Stethoscope

Spygmomanometer

Basin and water

Towel and wash cloth

Tongue blade, padded at one end with gauze

Gauze squares

WORD GUIDE

REVIVE - To bring to - return to conciousness.

WE WILL KNOW YOU CAN DO IT WHEN:

1. You revive the "fainted" victim as quickly as possible.
2. You immediately provide the unconcious patient with emergency care.
3. You protect the convulsive patient from injury.
4. You keep patient from biting his/her tongue and provide an adequate airway during an epileptic seizure or convulsion.
5. You keep patients quiet and reassured.
6. You inform onlookers and reassure them.
7. You see to it that the doctor checks the patient as soon as he/she arrives.
8. You record event and emergency care on patient's chart.

## INFORMATION

The following points are important to remember when giving first aid in the doctor's office:

1. Don't panic. Life and death emergencies are rare. Usually, the patient needs only some comfort and reassurance.
2. Act quickly when immediate action is necessary.
3. Do only those things which are necessary:
    - A. Keep the patient alive.
    - B. Prevent further injury until the doctor or assistance arrives.
    - C. Keep the patient quiet.
4. Promptly call the doctor or emergency number. Give the following information:

    Name of patient

    What has happened

    What first aid has been given

    Where to come, if ambulance is called.

## JOB STEPS

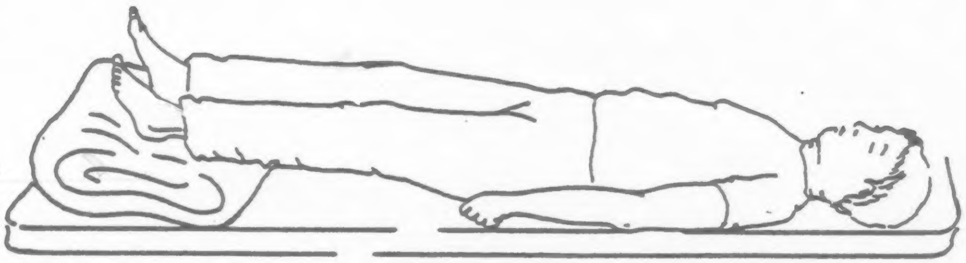
### PART I

### A. Patient feels "faint"

1. Quickly help patient to a cot, bed or examining table.

2. Help the patient to lie down.

3. Elevate the feet; use a folded blanket or pillows if necessary.



4. Take the patient's pulse.

5. Tell the patient to lie quietly for a few minutes, not to get up until you check her/him again.

6. Return every 5 - 10 minutes. Do not let patient get up until he/she feels normal and pulse is strong and regular.

7. On patient's chart, record event and care given.

## WORD GUIDE

AMPULE - Glass tube that is crushable.

## JOB STEPS

B. A patient faints in the waiting room.

1. Lay patient on his/her back on the floor.

2. Under patient's feet, place a pillow, chair or folded blanket.

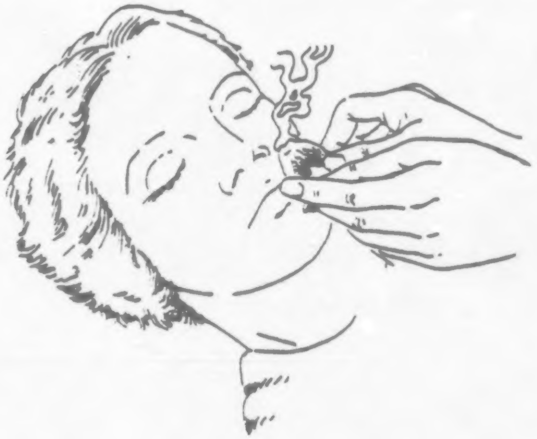
3. Reassure other patient's in the room. Ask them to remain seated or to step outside. If you are alone in the office, have at least one person stay with you.

4. Loosen all tight clothing.

   NOTE: Keep Calm.

5. Break an ampule of ammonia and hold it under the patient's nose.

   NOTE: A good M.A. will carry an ampule in her pocket or desk drawer.



## JOB STEPS

6. Take the patient's pulse and blood pressure.

7. When the patient recovers and is able to walk, help him/her to the examining room to lay down.

8. Have the doctor check patient as soon as possible.

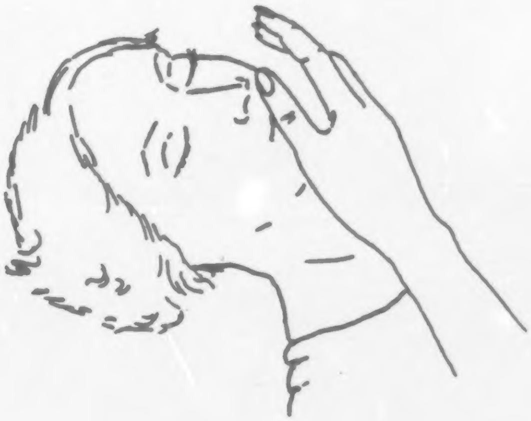
9. If the patient does not respond and remains unconscious, call in an available doctor who is in the same building or call the ambulance or rescue squad to take patient to the hospital.

10. Pull patient's chart and record treatment, pulse and blood pressure.

### PART II

### A. The "unconscious patient".

1. Check to see if the patient is breathing by placing your hand over nose and mouth. If breathing, you should feel air return.



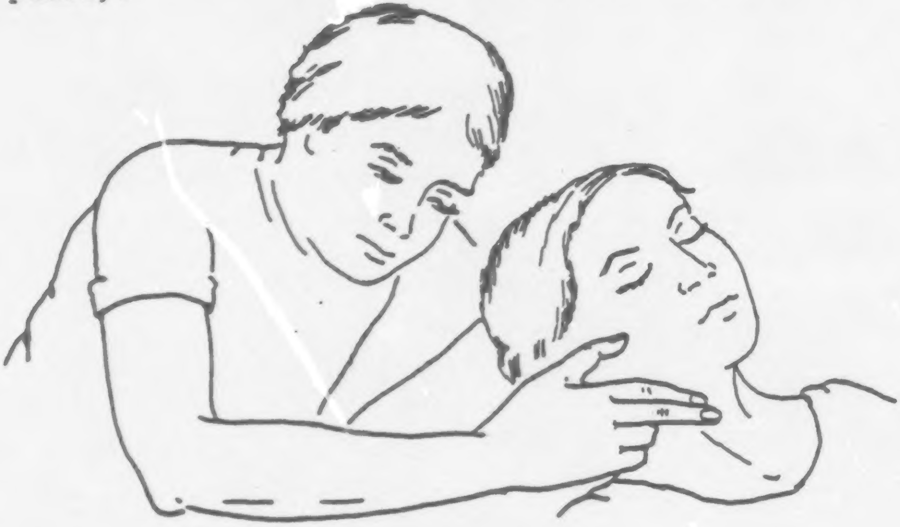
## WORD GUIDE

DILATE - Become wide or big.

PUPIL - Black center in the eye.

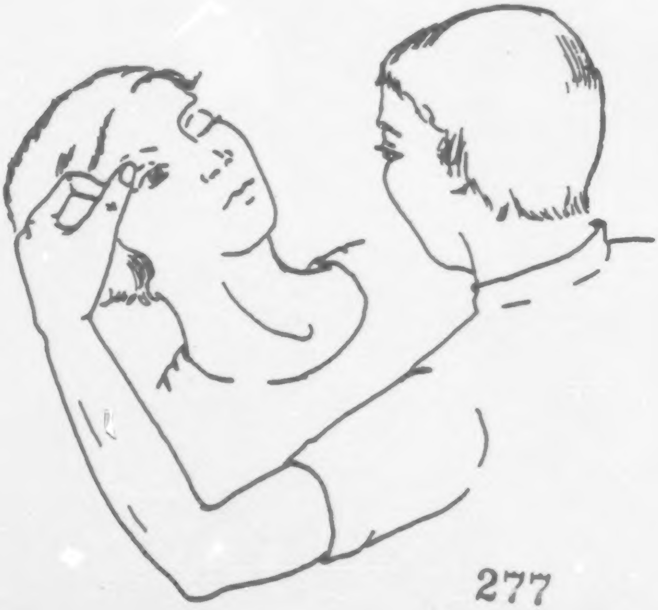
## JOB STEPS

2. Check for pulse in the neck (carotid pulse), or groin (femoral pulse).



3. Check to see if the pupils are dilated.

NOTE: The pupils will be dilated 45 seconds after the patient stops breathing or the pulse stops.



## WORD GUIDE

CPR - Cardio pulmonary resuscitation.

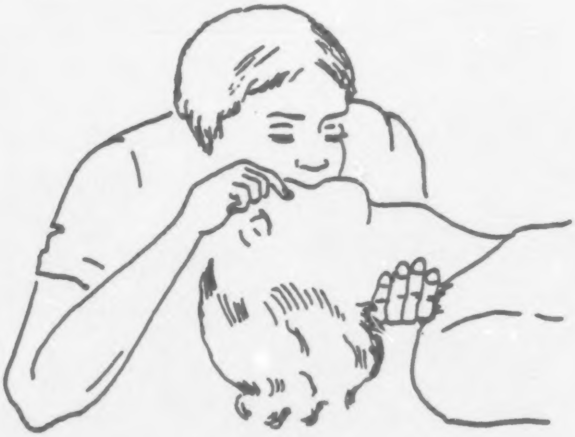
## JOB STEPS

NOTE: Because time is so important, you must act quickly.

4. Practice the above Job Steps 1, 2, 3, on a classmate, until you can check a patient in less than one minute.

5. If you feel a pulse or feel the patient breathing, the patient has fainted.

6. If you do not feel a pulse, breathing stops or pupils are dilated, immediately start mouth to mouth breathing.



7. Do not give C.P.R., unless you have been trained and carry a card saying you have passed the training course.

8. Call for the rescue squad and another doctor in the building.

## JOB STEPS

9. Reassure any on-lookers that the situation is under control. Be calm, composed and efficient!

10. After you give emergency care, pull patient's chart and record care given.

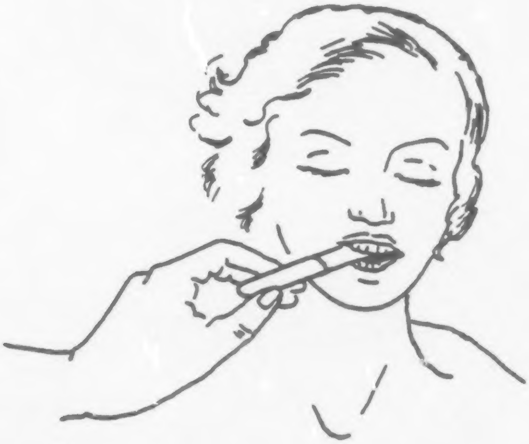
## PART III

### A. A patient having an epileptic seizure or convulsion.

1. Help the patient to the floor, examination table, cot or bed, whatever is close at hand.

2. Protect the patient from injury.

3. Take the padded tongue depressor or any soft, firm object and place between the molar teeth. If jaws are clenched, pry open with tongue depressor. Be very careful not to break any teeth.



4. Remove any food, candy or gum the patient may have in mouth.

## JOB STEPS

5. With one hand, hold the tongue depressor. Tilt up the chin.

6. Using your other hand, place hand on forehead to keep head back. Then, place arm under patient's shoulder.

   NOTE: This protects the head from striking any hard surfaces and provides an open airway.

   CAUTION: To avoid patient injury, do not make an attempt to restrain the patient.

7. Loosen any tight clothing.

8. If other patients are present, ask them to step outside.

9. If you are alone, ask one person to assist you.

10. When the convulsions are over, remove the tongue depressor.

11. Help the patient to a more comfortable position. When patient is able to walk, take patient to the examination room.

12. Take patient's B.P. and T.P.R.

13. Stay with the patient until you are very certain he/she is allright

14. Reassure the patient. Explain what happened to the patient.

## WORD GUIDE

**TEPID** - Lukewarm.

## JOB STEPS

15. Reassure all concerned others that the patient is doing fine.

16. On patient's chart, record all care given.

17. Have the doctor see the patient as soon as possible.

18. If the patient had or was running an elevated temperature over 103°F, follow the doctors orders.

    NOTE: Some doctors will have written standing orders for elevated temperatures over 103°F.

19. If the doctor orders a tepid sponge bath or elevated temperature, follow the procedure below:

    A. Place five wash cloths in basin of tepid water.

    B. Wring out wash cloths and place on on forehead, one under each arm pit and one on groin area.

# JOB STEPS

C. Do not chill patient.

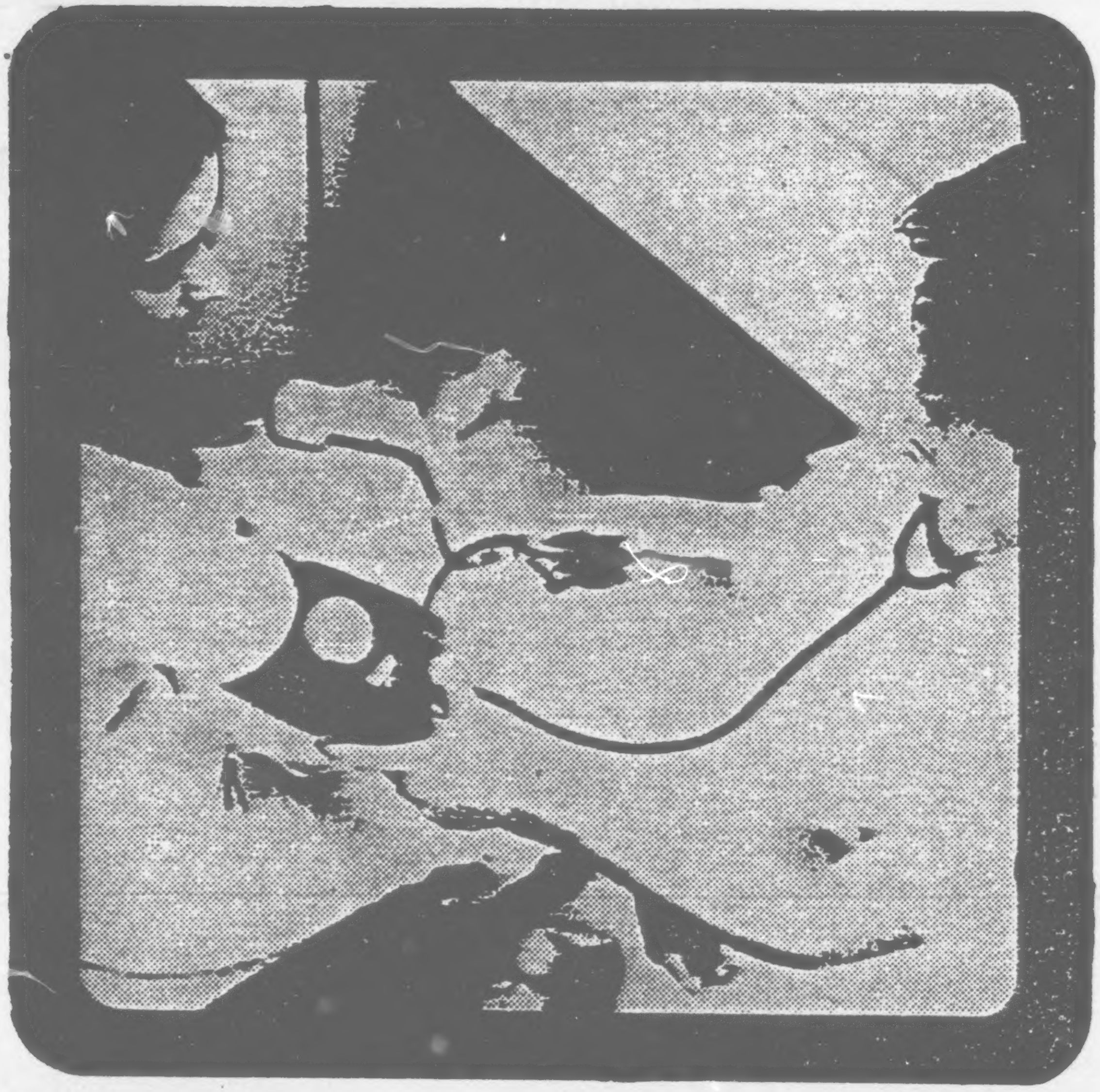
D. Do not leave patient alone.

E. Change wash clothes as they become warm and repeat above procedure.

F. Put towels under arms and legs.

G. Check temperature in 20 minutes.

H. Repeat procedure until temperature is down to doctor's orders.



# medical assistant

unit: Medical Office First Aid

capital area career center

module: 4401 18 005 date: 8/77 level: IV

skill title: Emergency Instructions and First Aid for Aspiration of a Foreign Body, Swallowing of a Poisonous Substance, a Possible Stroke or a Possible Heart Attack

developed & written by: Pat Pittenger

visuals by:

## PERFORMANCE OBJECTIVE

## YOU ARE GOING TO LEARN:

How to give emergency instructions over the phone to patients who have aspirated a foreign body or swallowed a poisonous substance, and how to give emergency care or first aid in the office to patients with a possible (CVA) stroke or a possible heart attack.

## AND IN ORDER TO DO THIS YOU WILL NEED:

Poison control chart

Card with emergency numbers for the following: hospital, doctor's home and poison control center.

Classmate acting as a patient

A stethoscope

A sphygmomanometer

Pencil

Paper

## WE WILL KNOW YOU CAN DO IT WHEN:

1. You carefully listen to the person calling in an emergency.
2. You write down all the necessary information you receive.
3. You speak slowly and give right instructions for each emergency situation.
4. You immediately give first aid when necessary.
5. You reassure patient and family.
6. You call the hospital, ambulance or poison control center when necessary.
7. You notify the doctor as soon as possible.
8. You chart, on patient's record the type of emergency and aid given to patient.

## INFORMATION

At sometime, every medical assistant should read the First Aid book by the American Red Cross.

Accidents are the leading cause of death for young children. Every year, thousands of people die or are disabled from accidents or sudden illness.

As a medical assistant, you may be on the scene when such an emergency happens. You may be alone in the office when a patient faints, has a seizure or a parent may bring in their child with cuts, bruises or an overdose of drugs.

First, you must learn from your employer (doctor) what instructions, care and information you can give to the patient during an emergency.

Second, you must know and learn what first aid procedures you can do if alone in the office during an emergency. Most doctor's offices will have a list of phone numbers for you to call or to give to patients when dealing with emergency calls. Always keep this list near the phone for quick reference. Along with this list of hospital, ambulance, police, fire and rescue squad numbers there should be a poison control chart with the poison control center's phone numbers.

Post the doctor's written standing orders for some of the more common emergencies. It is your responsibility to get these orders. Go over them every few months with your doctor and note any changes.

Remember, when dealing with emergencies in the office, get in touch with the doctor as soon as possible after you have given first aid or information over the phone.

## WORD GUIDE

Conscious - Alert, awake.

Trachea - Windpipe.

Bronchi - Main branches of the windpipe or trachea.

## JOB STEPS

### PART I

1. Read the module through first. Then collect the material you will need.

2. Read the following situation:

   Emergency Situation A

   Mrs. Potter calls to say that her two year old daughter can't breath and is choking. Mrs. Potter is hysterical, crying and talking at the same time.

3. While you are listening, take notes. Be calm, talk very slowly. You might say, "Mrs. Potter, please stop crying so you can listen to me and we can help your daughter."

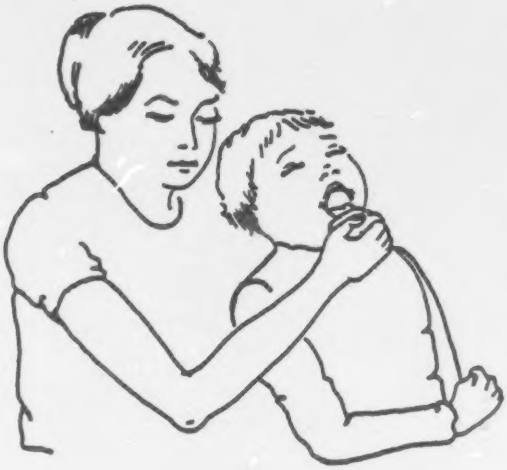
4. Ask if she has swallowed something, if it has passed into her stomach and if she is conscious. Mrs. Potter indicates that a piece of food is stuck in her daughter's throat. She can't talk or breathe.

   Note: If the choking patient can't talk, is conscious but unable to make a sound, you can be reasonably sure patient really is choking.

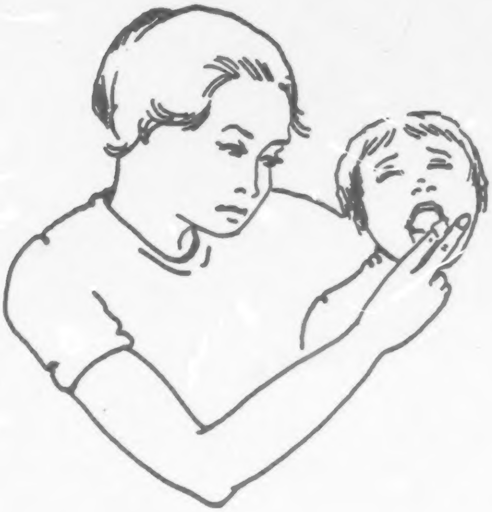
   Note: Choking is a serious emergency. The trachea (airway) may be blocked. The object may have passed into the bronchi. Pneumonia quickly develops when this happens.

## JOB STEPS

5. Instruct the mother to tilt the child's head back and pull her tongue forward as far as possible. Use a piece of cloth (a napkin, gauze or towel) to get a firm hold on tongue. This should lift the object to where it can be seen.

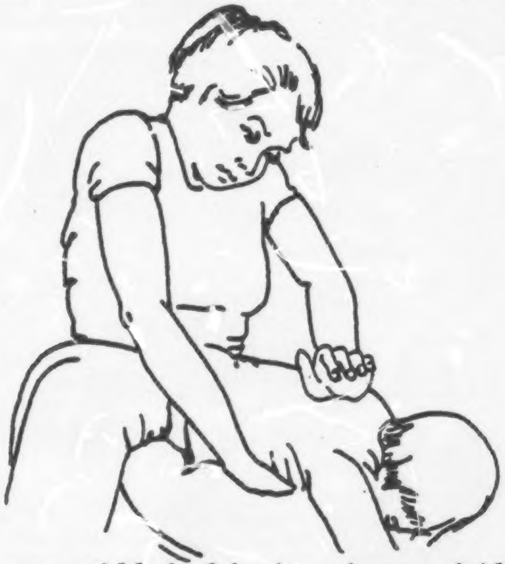


6. Instruct the mother to use the index and middle fingers like tweezers, grasp the object and pull it out.



# JOB STEPS

7. If this fails, mother should place child on her side. Using the heel of your hand, strike her several times between the shoulder blades. Then, repeat job steps 5 and 6.



8. Tell Mrs. Potter you will hold the phone while she trys to remove the object from daughter's throat. If she is unsuccessful, call the rescue squad or fire department ambulance.

9. If she removes the object, give Mrs. Potter an appointment so that the doctor can check the child sometime that day.

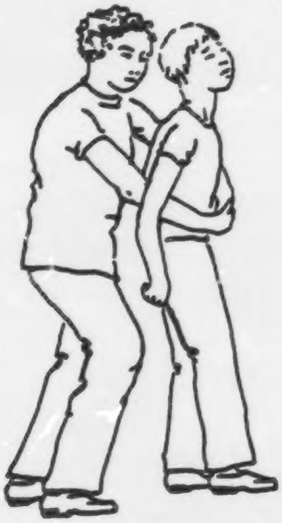
10. Pull patient's chart and record phone call, instructions and/or first aid given. Remember to always date and sign your notes.

11. Practice job steps 4 through 7. Use a student in class as your patient.

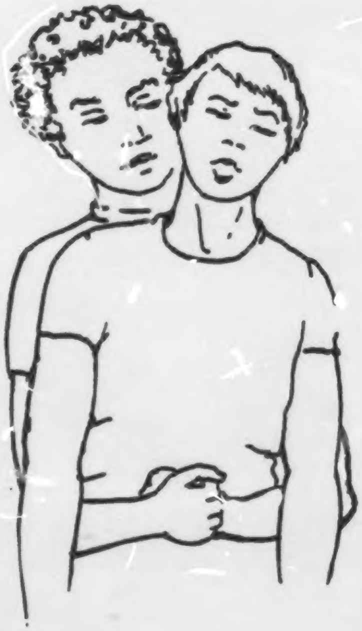
## JOB STEPS

12. The Heimlich Maneuver is another rescue procedure used on adults when choking. Carefully read through the following procedures:

    A. Stand behind the victim and wrap your arms around their waist.

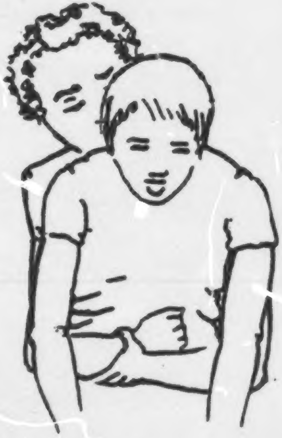


    B. Make a fist with one hand and place it against the victim's abdomen between the navel and rib cage.



## JOB STEPS

C. Clasp the fist with your free hand and press in with a quick upward thrust.



**Note**: This pushes the diaphram up, compressing the lungs and should force out the object.

D. Repeat several times if necessary.

13. Pick a classmate and practice the above procedure. Have your instructor check you.

**Note**: Many times after the obstruction is removed, you will have to do artificial respiration to restore breathing. If you are in the office, use your portable oxygen ($O_2$) and mask. Keep the patient quiet and warm until a doctor is able to check the patient.

## PART II

1. Read the following situation:

**Emergency Situation B**:

You get a phone call from a parent whose three year old boy has swallowed furniture polish, pills, bleach or some other substance.

## WORD GUIDE

Dilated - Large

## JOB STEPS

2. Ask if the child is awake, alert or unconscious.

   Note: Remember to write down all information.

3. If the child is unconscious, tell the parent you will immediately call the fire department, ambulance (or rescue squad). Be sure to ask for the address where the child is. Notify the doctor and hospital.

4. Ask how much the child actually did swallow (a teaspoonful, one or two pills or a full bottle).

5. If the parent knows what the child swallowed, check the poison control chart to help you in your instructions.

6. If the child shows no symptoms and the substance is not poisonous, have the parent bring the child and substance container to the office for the doctor to check.

7. If the substance is poisonous, have parent immediately take the child to the hospital.

8. To determine the child's condition and if the child should immediately see a doctor, ask the parent the following items:

   A. The color of child's skin (normal, pale, gray-blue, or red-flushed)?

   B. Any severe vomiting or diarrhea?

   C. Are the child's pupil's dilated?

   D. Is breathing difficult for the child?

   E. Any discoloration of the lips?

   F. Is there any pain? Where?

   G. Child's name and address?

## WORD GUIDE

Dyspnea - Difficulty breathing.

## JOB STEPS

9. If the child has any of the above symptoms, have the parent immediately take the child, along with substance container, to the hospital emergency room. Notify the hospital they are coming and what the child has swallowed.

10. Contact the doctor and give him/her the details of the emergency.

11. Pull the patient's chart and record all information.

12. If an adult has taken an overdose of drugs, immediately send for an ambulance to take them to the hospital emergency room.

13. Inform the emergency room that an overdose patient is on the way, give name, drug taken if known, quantity if know and any other important information you can give from the patient's record.

## PART III

1. Read the following situation:

Emergency Situation C

A "middle age" patient is sitting in the waiting room: he has complained to you about waiting so long. He has a severe headache, is nauseated and has trouble breathing.

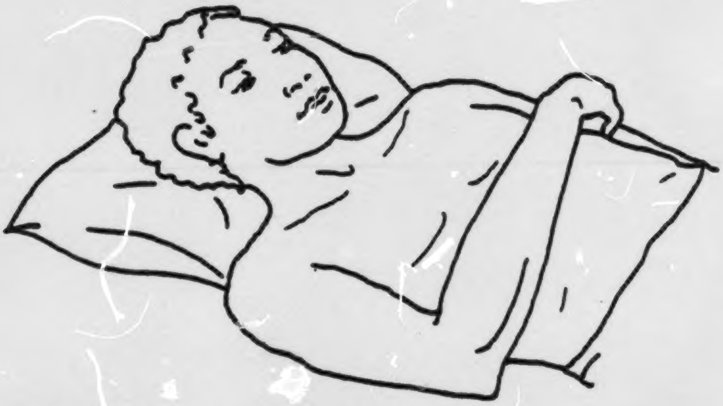
Note: The following symptoms may indicate a possible cerebrovascular accident (CVA):

A. Headache
B. Dizziness
C. Nausea and/or vomiting
D. Full or partial loss of consciousness
E. Loss or bladder or bowel control
F. Convulsions
G. Dyspnea

## JOB STEPS

2. Carefully move the patient to the examing room.

3. Gently help the patient to lie down. Then, elevate the patient's head and keep him/her warm and quiet.



4. Take blood pressure, pulse, respirations and temperature.

5. Pull patient's chart, compare the vital signs on chart and note any abnormal changes.

6. If vital signs are abnormal, patient loses consciousness or patient has a convulsion, immediately call the doctor.

7. Then, reassure your patient.

8. Check vital signs every 15 minutes.

9. On patient's chart, record blood pressure, T.P.R., patient's symptoms and care given.

10. If a doctor cannot be immediately reached, call an ambulance and have patient admitted to the hospital emergency room.

## JOB STEPS

### PART IV

1. Read the following situation:

   Emergency Situation D

   Mr. Carter rushes into the office and informs you his wife is having a heart attack.

2. Help Mrs. Carter to the examining room.

3. Ask the patient what symptoms she feels. The patient tells you she has the following symptoms:

   A. Pain in the chest area, especially under the breast bone, left arm and shoulder.

   B. Shortness of breath.

   C. Indigestion and nausea.

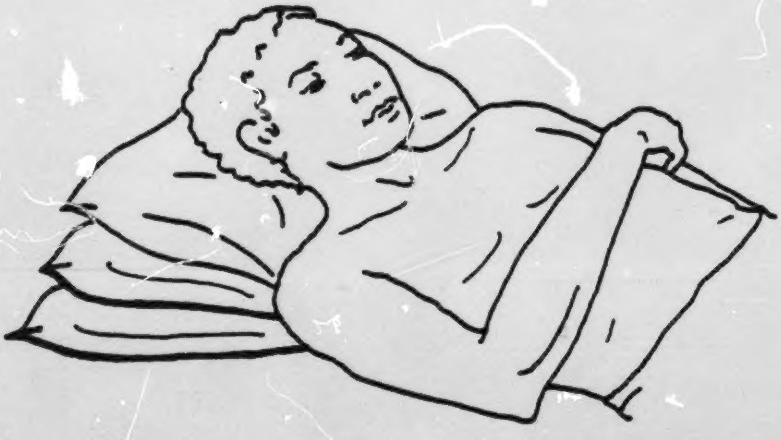
   D. You notice her lips are pale and bluish.

   Note: These symptoms could mean a possible heart attack. Other symptoms a heart attack victim may have are as follows:

   A. Faintness
   B. Dizziness
   C. Weakness

4. Help Mrs. Carter to lie down.

5. Raise the head of the examining table or elevate head with pillows.



## JOB STEPS

6. Talking slowly and calmly, tell the patient you are going to take her blood pressure, temperature, pulse, respirations and must ask her a few questions for the doctor.

7. Write down the vital signs.

8. Ask Mrs. Carter the following questions:

   A. Where exactly is your pain (substernal, right or left shoulder, down arm)?

   B. Is it a dull, sharp squeezing, pressing, continuous or radiating type of pain?

   C. How bad is the pain (severe, mild)?

9. Remember to give your patient time to answer. Listen carefully.

10. Determine what you should do. Look at your notes and and patient's chart. Check out the following items:

    A. If the blood pressure, pulse and respirations are normal for this patient.

    B. If the pain is not severe and continuous.

    C. If the patient's breathing and color are close to normal.

    D. If the doctor is expected in the next 15 - 20 minutes. Keep the patient in the office. Reassure the family and the patient.

    E. If the doctor is delayed and cannot be reached, your findings are abnormal, and the patient has dyspnea and a "crushing" type pain, immediately call the rescue squad or ambulance. Then, call the hospital emergency room and give them all the necessary information.

    F. If the doctor's office has a portable oxygen ($O_2$) tank and you have the doctor's order to use it, administer the oxygen ($O_2$) until the ambulance arrives.

11. On patient's chart, record all symptoms, vital signs, and actions taken.

## JOB STEPS

12. Practice what you have learned.

13. Ask your instructor or classmate to act as a patient or person calling in emergencies.

14. Without referring to the module, give emergency instructions and care for each situation for the patient (student) calling in.

# ANTIDOTE AND FIRST AID FOR POISONING

- An emergency always exists if someone swallows poison. **Do not delay contacting hospital or physician to obtain advice concerning first aid materials that are not readily available. If necessary, summon police or rescue squad for assistance.** Keep telephone numbers immediately available. Even after emergency measures have been taken, **always** consult physician. A delayed reaction could be fatal.
- It is important to dilute or remove poisons as soon as possible. Keep Syrup of Ipecac (available from most pharmacies or poison centers) in your home to induce vomiting if recommended by physician or indicated on product label. If Syrup of Ipecac is not available, try to make patient vomit by tickling back of throat with finger, spoon, or similar blunt object after giving water.

**HOWEVER...**

- Vomiting is not recommended in all cases. **Never ir duce vomiting in a patient who is unconscious or cor vulsing. Do not induce vomiting if swallowed substanc is acidic or corrosive or petroleum distillate product:**
- If poison is from a container, take container with intac label to medical facility treating patient. If poisonous su: stance is a plant or other unlabeled substance, be pr pared to identify suspected substance. Save evidenc such as portions of ingested materials from vomitu which may help identify plant or object involved.

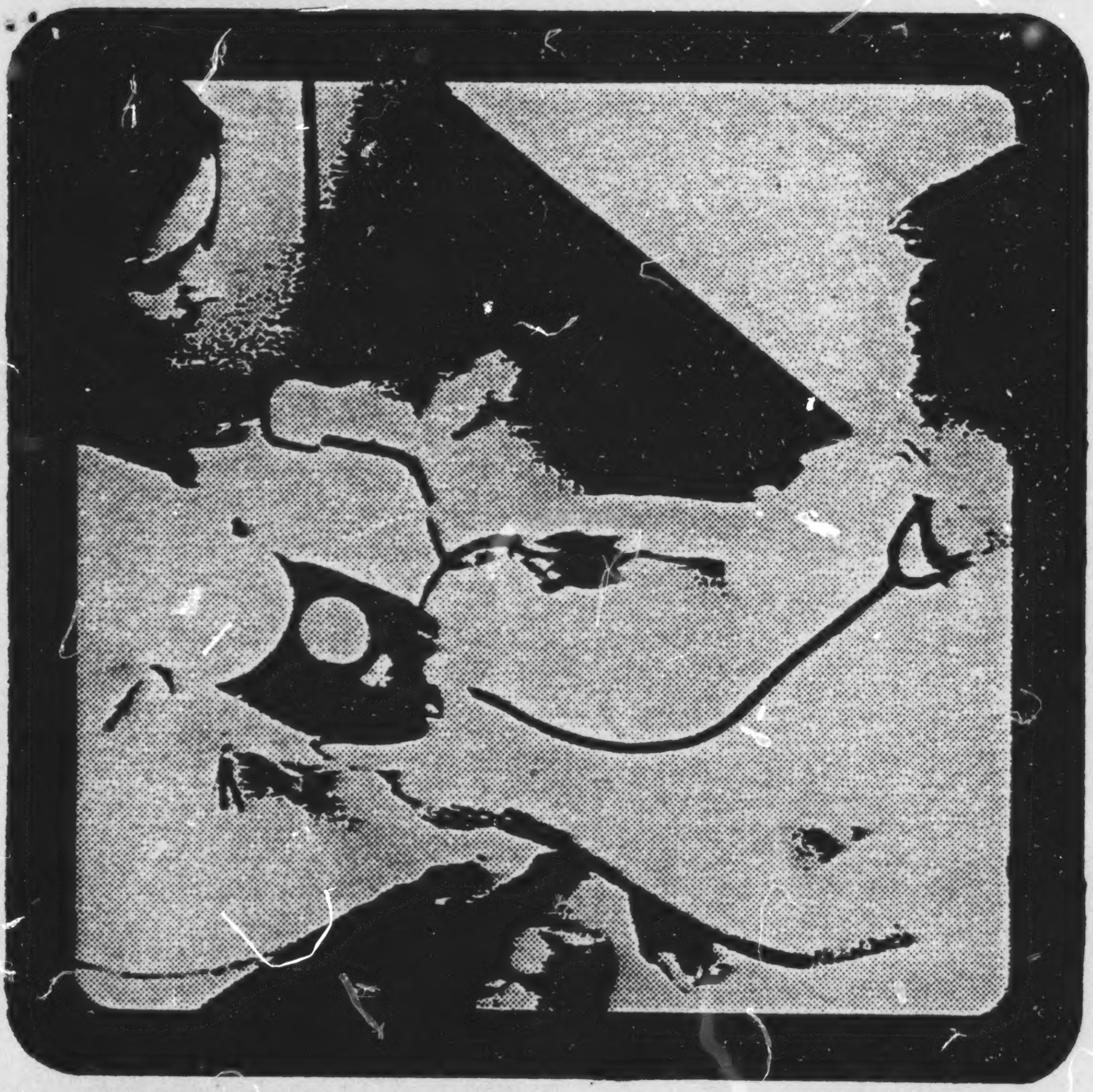
The following represent substances most frequently ingested by children, and first aid measures that may be em ployed **until** medical aid can be summoned.

| Substance | Emergency treatment |
|---|---|
| **MEDICINE (OVERDOSAGE)** | |
| Aspirin and aspirin-containing medications<br>Cough medicine<br>Hormones (including thyroid preparations) | Give 2-3 glasses of water or milk, then induce vomiting UNLESS patient is unconscious or convulsing |
| Vitamins and iron tablets | Induce vomiting. Then give glass of milk. |
| Sleeping pills | Induce vomiting. Do not induce vomiting or force fluids if patient is unconscious. |
| Tranquilizers | Induce vomiting unless patient is unconscious. Give 2 tablespoons epsom salts in 2 glasses of water. |
| **HOUSEHOLD CLEANING AND POLISHING AGENTS** | |
| Laundry bleach<br>Automatic dishwasher detergents<br>Household cleaners<br>Furniture polish<br>Cleaning fluid (gasoline, kerosene)<br>Charcoal fire starter | Give 2-3 glasses of milk or water immediately. Do not induce vomiting. |
| Toilet bowl and drain cleaners | Do not induce vomiting. Give 2-3 glasses of milk or water at once. Avoid gas-forming carbonates and bicarbonates. |
| Wax remover | Give milk or water. Do not induce vomiting. |
| Fabric softeners | Give milk. Neutralize with weak soap (not detergent) solution. Induce vomiting. |
| Household ammonia | Give citrus juice or diluted (1 tablespoon per glassful) vinegar. Then give 2 raw egg whites or 2 oz. olive oil. Do not induce vomiting. |

| Substance | Emergency treatment |
|---|---|
| **INSECTICIDES, POISON SUBSTANCES, PAINTS (Read labels for content)** | |
| Arsenic | Give glass of milk immediately and ir duce vomiting. Then give activated cha: coal (available from pharmacist). |
| DDT | Induce vomiting. Give 2 tablespoor epsom salts in 2 glasses water. |
| Lye | Do not induce vomiting. Give solutic of vinegar (2 tablespoons vinegar in glasses water). Next give 2 raw eg whites or 2 oz. olive oil. |
| Paint (dry) | Give milk or water. Induce vomiting. |
| Paint (liquid) | Give 2-3 glasses of milk or water. C not induce vomiting. |
| **COSMETICS** | |
| Cologne or perfume<br>Hand lotion<br>Liquid makeup<br>Skin lotion<br>After-shave lotion | Give milk. Induce vomiting if larg amounts ingested. |
| Deodorant | Give milk of magnesia. Induce vomitinc |
| Bubble bath liquid<br>Hair rinse (conditioners)<br>Shampoo | Give milk or water at once. Induce vom iting. |
| Nail polish and removers<br>Lacquers<br>Bath oil | Give milk. Induce vomiting. |
| Home permanent neutralizer<br>Permanent wave solution | Give milk or water. Induce vomitinc Then give weak acid such as lemonad: citrus juice, diluted vinegar. |
| **PLANTS** | |
| Any plant is a potential poison. | Induce vomiting if convulsions not ir minent. Give artificial respiration if nec essary. |

**KEEP CALM—DO NOT PANIC—CALL FOR HELP**

**Physician's Office Phone**__________ **Physician's Home Phone**__________ **Pharmacy Phone**__________



# medical assistant

unit: Banking

capital area career center

module: 4401 19 001 date: 8/77 level: I

skill title: Making a Bank Deposit into a Checking Account

developed & written by: Pat Pittenger

visuals by:

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to make a bank deposit and how to transfer a deposit to the checking account.

AND IN ORDER TO DO THIS YOU WILL NEED:

Script (money)

Sample checks

Rubber stamp marked "For deposit only" for "Dr. _______"

Ink pad

Paper clip and/or rubber bands

Pen and scratch pad

Deposit slip

WE WILL KNOW YOU CAN DO IT WHEN:

1. You accurately count the money.
2. You look over the checks for errors.
3. You stamp the checks.
4. You separately list the checks.
5. You accurately total the checks.
6. You correctly write out the deposit receipt.
7. You record the deposit in the checkbook.

# INFORMATION

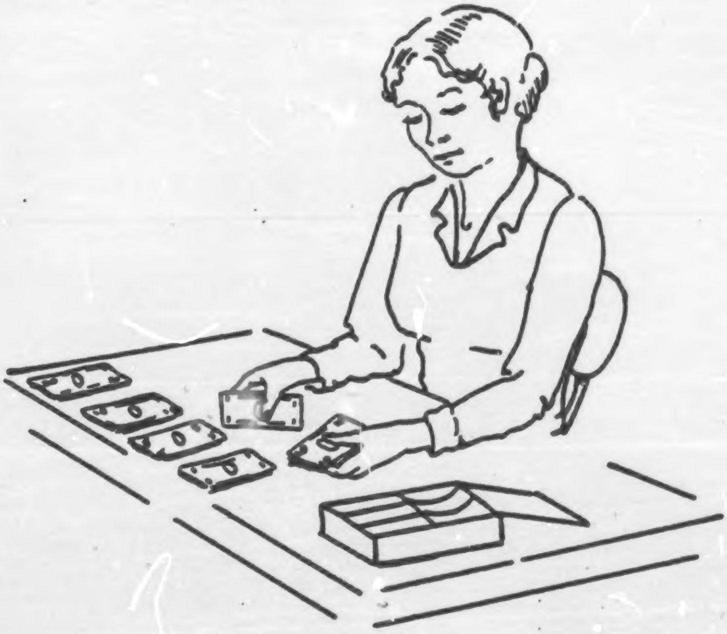
How often you will need to make a bank deposit will depend on the office where you work. Most doctors prefer to have a deposit made every day to insure them their money is secure.

## JOB STEPS

1. Read the mod through first. Then, collect your materials.

2. Take all the money bills of the same value and place them in the same pile.

   NOTE: Each bill should be face up with picture of the president facing you.



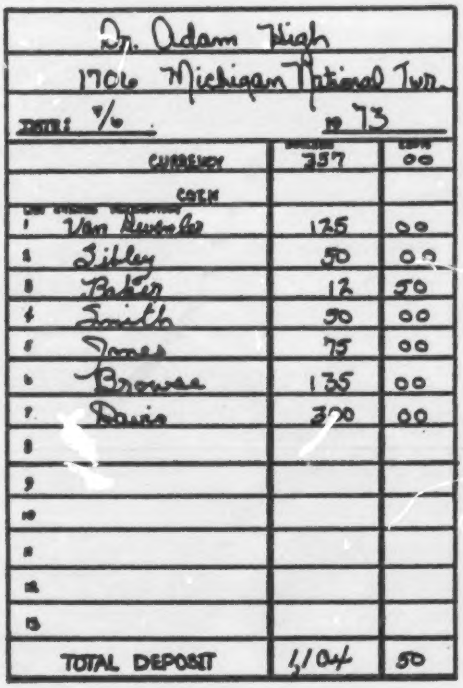
3. To be accurate, count the money twice. On a pad of paper, write the total each time you count.

4. On deposit slip and with a pen, write the amount of money after the word "currency".

5. Then, look at all the checks, making sure each check has been signed, includes the correct date and is made out to the correct doctor. Check to see the figure amount and written amount are the same.

## JOB STEPS

6. Now, on the back of the deposit slip, list the checks. Write the name of the person who wrote the check and the amount of the check.



Dr. Adam High
1706 Michigan National Twr.
DATE: 9/6 19 73

| | | |
|---|---|---|
| CURRENCY | 357 | 00 |
| COIN | | |
| 1 Van Deusen | 135 | 00 |
| 2 Sibley | 50 | 00 |
| 3 Baker | 12 | 50 |
| 4 Smith | 50 | 00 |
| 5 Jones | 75 | 00 |
| 6 Browne | 135 | 00 |
| 7 Davis | 300 | 00 |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| TOTAL DEPOSIT | 1,104 | 50 |

7. Total the amounts and write it at the bottom of the deposit slip.

   NOTE: Some doctor's have adding machines, if not, check your addition at least twice. Counting the checks you receive in the mail you may have over 100 checks to add up!!

8. Turn over the checks so the blank side faces you.

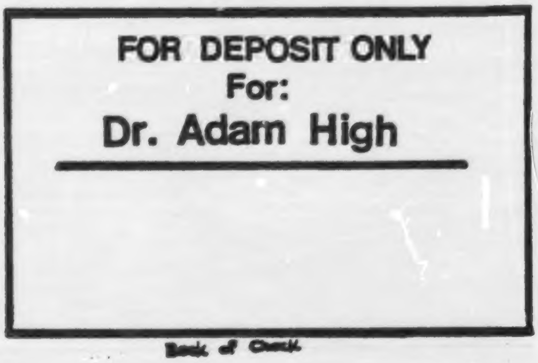
9. Open the lid to the ink pad.

10. Take the rubber stamp and press it firmly onto the ink pad.

11. Look at the stamp. Make sure the doctor's name is at the top.

## JOB STEPS

12. Firmly press the stamp onto one end of the check. Lift the stamp, make sure all of print is on the check. As you stamp, turn over the checks so that they are in the order listed on the deposit slip.



Back of Check

13. Continue to stamp each check the same way.

14. When you finish, go through the checks again to be sure every one is stamped.

15. Place your cash on top of the checks and your deposit slip on top of the money.

16. Clip together deposit slip, money and checks. Depending on the size of the pile, use a paper clip or a rubber band.

17. Place the bundle in a bank deposit bag.

    NOTE: Some bags have a lock on them for use at night, other ones have a zipper opening.

18. Take the deposit to the bank. The teller will take the deposit bag, recount the money and return empty bag to you with deposit slip receipt.

## JOB STEPS

19. Check the receipt to make sure it is for the right amount.

20. If the doctor requires you to deposit the money each night after work, use the night deposit bag with a lock and key.

21. For night deposits, drop the bag in the night deposit slot (be sure to first remove key from bag). At most banks, you can drive up and drop the bag into the night deposit slot. Check the bank's facilities for night deposits.

22. The next day return to the bank, taking the deposit bag key with you.

23. The teller will give you the deposit bag, you open the deposit bag. Then, follow steps 18 and 19.

24. When you return to the office, enter the amount on the deposit slip receipt into the checkbook. File the receipt under deposit slips and place deposit bag and key in a safe place.

# medical assistant

**unit:** Handling Cash And Checks

## capital area career center

**module:** 4401 19 002 **date:** 8/77 **level:**

**skill title:** Maintaining A Petty Cash Fund

**developed & written by:** Pat Pittenger

**visuals by:**

## PERFORMANCE OBJECTIVE

**YOU ARE GOING TO LEARN:**

How to manage and keep records for the petty cash fund.

**AND IN ORDER TO DO THIS YOU WILL NEED:**

a given sum of money

petty cash voucher blanks

a page from the petty cash book

a list of petty cash expenses

a pen, ruler and a red pencil

a given amount of cash on hand

**WE WILL KNOW YOU CAN DO IT WHEN:**

1. You can balance the petty cash record.
2. You match the cash on hand with your balance.

## WORD GUIDE

PETTY-CASH - Refers to an amount of cash used for small expenses.

VOUCHER - A written note for what and to whom each was spent.

RECEIPT - A written note saying bill was paid.

## INFORMATION

In most doctor's offices a petty-cash fund has been set up. The amount may vary from $5 to $50. Usually there is a special box or drawer for petty-cash.

Because this money is used for small expenses, it is necessary to get enough pennies, nickles, dimes, quarters and dollar bills to serve this purpose.

All money spent from the petty-cash fund are entered in a special expense book. All vouchers, receipts and bills should be obtained and kept in petty-cash box.

Usually, at the end of each month, you total the entries in the expense book and check it against the money in the box.

The amount of the expenses plus the money in the box should always equal the orginal amount.

## JOB STEPS

1. Collect your materials.

2. Write vouchers for the following expenses:

No.1 Nov. 7,19-- -
Paid To - Boy Scouts of America
For - Contribution
Charge To - Donation Expense
Amount - $10.00

No.2 Nov. 10,19---
Paid To - Meijer's
For - Coke, Toilet Tissue, Coffee
Charge To - Miscellaneous Expense
Amount - $6.14

No.3 Nov. 13,19---
Paid To - Post Office
For - Stamps
Charge To - Postage
Amount - $20.00

No.4 Nov. 21,19---
Paid To - Emil's
For - Lunch-Doctor's Treat
Charge To - Miscellaneous Expense
Amount - $5.00

No.5 Nov. 28,19---
Paid To - Clean Laundry, Inc.
For - Laundry
Charge To - Miscellaneous Expense
Amount - $3.12

## WORD GUIDE

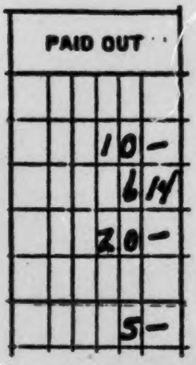
**REPLENISH** - To supply again with money.

## JOB STEPS

3. In the Received column of your petty-cash page, mark the following entry:

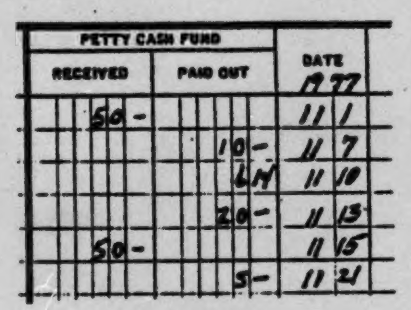
   Nov. 1, 19-- you were given $50.00 for petty-cash fund.

4. Take vouchers one through four and enter each one in the Paid Out Column, under Distribution of Payments.



| PAID OUT |
|---|
| |
| 10- |
| 6 14 |
| 20- |
| |
| 5- |

5. Check your petty-cash box to see if it is getting low on money. Replenish it with $50.00 on Nov. 15, 19__. Enter the amount on your petty-cash page, in the Received Column.



| PETTY CASH FUND | | DATE |
|---|---|---|
| RECEIVED | PAID OUT | 1977 |
| 50- | | 11 1 |
| | 10- | 11 7 |
| | 6 14 | 11 10 |
| | 20- | 11 13 |
| 50- | | 11 15 |
| | 5- | 11 21 |

## JOB STEPS

6. On your petty-cash page enter voucher no. 5 in the Paid Out column.

7. It is Nov. 30, 19__. Balance your petty-cash:

8. To balance petty-cash, do the following steps.

   A. Add the numbers in the Received column.

   B. Add the numbers in the Paid Out Column.

   C. Add the Expense columns. This total should equal your Paid Out Total.

   D. Subtract your Paid Out Total from Received Total. This total should be the same total as the petty-cash total.

9. Add the money in your petty-cash box:

   1 - $20 Dollar Bill

   1 - $10 Dollar Bill

   3 - $ 5 Dollar Bills

   7 - $ 1 Dollar Bills

   5 - Quarters

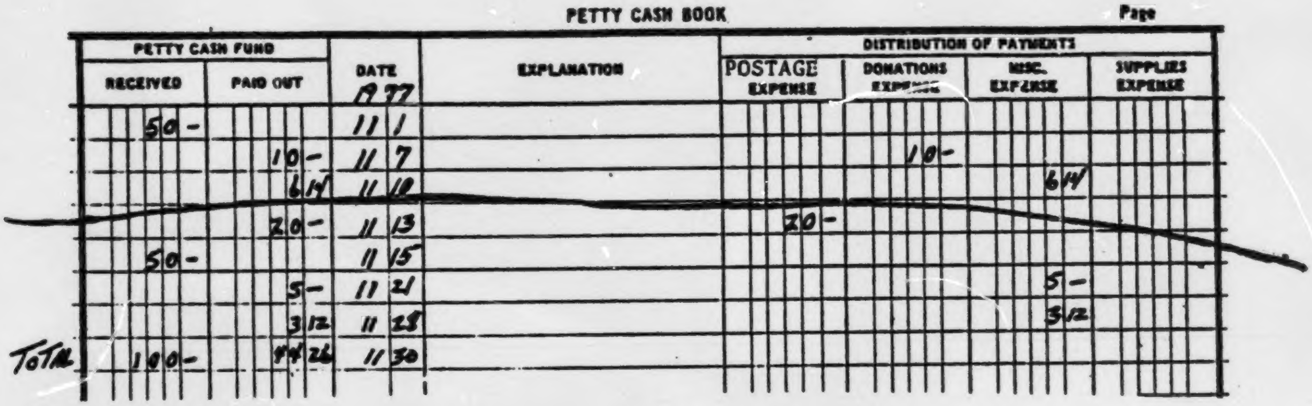
   14 - Dimes

   20 - Nickles

   9 - Pennies

## JOB STEPS

10. If the Cash On Hand matches the balance you have on your written record, draw a red line across the page.



PETTY CASH BOOK Page

| | PETTY CASH FUND | | DATE | EXPLANATION | DISTRIBUTION OF PAYMENTS | | | |
|---|---|---|---|---|---|---|---|---|
| | RECEIVED | PAID OUT | 1977 | | POSTAGE EXPENSE | DONATIONS EXPENSE | MISC. EXPENSE | SUPPLIES EXPENSE |
| | 50 - | | 11 1 | | | | | |
| | | 10 - | 11 7 | | | 10 - | | |
| | | 6 14 | 11 10 | | | | 6 14 | |
| | | 20 - | 11 13 | | 20 - | | | |
| | 50 - | | 11 15 | | | | | |
| | | 5 - | 11 21 | | | | 5 - | |
| | | 3 12 | 11 28 | | | | 3 12 | |
| TOTAL | 100 - | 44 26 | 11 30 | | | | | |

11. Enter the date: Dec 1, 19__. Place each amount in Received column.

# medical assistant

unit: Casting Procedures

capital area career center

module: 4401 20 001 date: 10/77 level: II

skill title: How to Set Up the Equipment for a Cast Application

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

## WORD GUIDE

CAST - A kind of bandage used to keep a body part from moving so it can heal.

## PERFORMANCE OBJECTIVE

### YOU ARE GOING TO LEARN:

How to set up the equipment for a cast application.

### IN ORDER TO DO THIS YOU WILL NEED:

Unsterile plastic or rubber gloves for yourself and the doctor.

A sheet of plastic

A pail

Warm Water

Plaster bandage

Plaster shears

Wastebasket

Newspaper

Exam room with exam table

Table or cart for the equipment

Classmate to act as the patient

Adhesive tape

Stockinette

Cast padding

Basin of soapy water ($H_2O$)

Washcloth

Towel

### WE WILL KNOW YOU CAN DO IT WHEN:

1. You have set up all the correct equipment.
2. You have instructed your classmate in cast care as you would a patient.
3. You can answer the questions at the end of the mod.

## WORD GUIDE

**IMPREGNATED** - Filled-up with.

**REHYDRATION** - The process of putting the water back into something.

**IMMOBILIZE** - To make immovable.

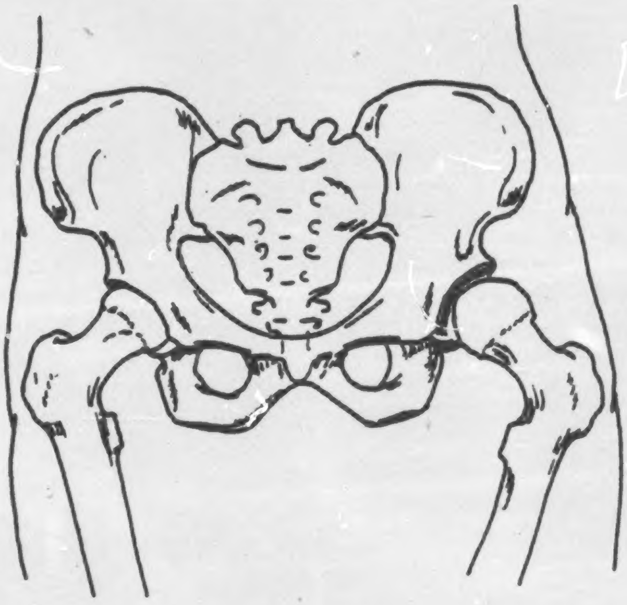
**CONGENITAL DEFORMITIES** - Defects present at birth.

## INFORMATION

Casts are made of gauze bandage impregnated with plaster of paris. When a roll of plaster gauze is placed in warm water, the plaster goes through a process of rehydration and it can be made to fit a body part.

Casts are used to immobilize a body part. Immobilization is used for a number of reasons. Some of these are for congenital deformities like clubfoot and dislocated hip.

CLUB FEET



DISLOCATED HIP

## WORD GUIDE

**LIGAMENTS** - A sheet or band of tough tissue connecting 2 or more bones or cartilages.

**CARTILAGE** - Commonly called "gristle" - the material at the ends of the bones, slightly softer than bone.

**TENDONS** - Similar to ligaments, only thinner, sinews tissues made up of fibers which relax and contract

**MUSCLES** - Let us move our body parts.

**SKELETAL** - Refers to the skeleton or bones of the body.

**TREATMENT** - Things done for a patient to heal or cure the illness or disease.

**FAMILIAR WITH** - Know well.

**FRACTURES** - Breaks.

**PUNCTURES** - Breaks through.

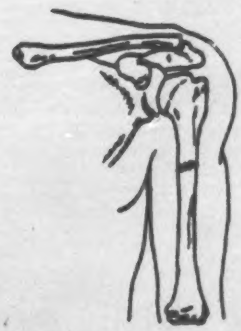
## INFORMATION

Casts are also used in the treatment of diseases of the bones, joints, ligaments, cartilage, tendons, muscles and nerves of the skeletal part of the body.

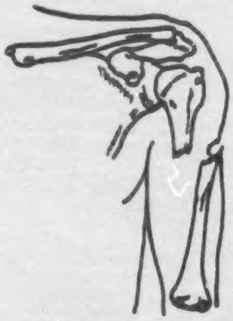
Probably you are most familiar with the use of casts to care for fractures, or broken bones. There are two main kinds of fractures:

**Simple** - A break in a bone without a break in the skin.

**Compound** - A break in the bone that "communicates" with the outside of the body. This means that there is a cut to the bone and then a break, or a break which punctures out through the skin.



SIMPLE FRACTURE

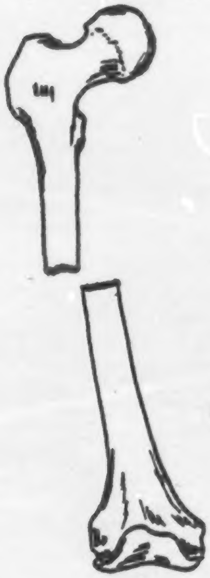


COMPOUND FRACTURE

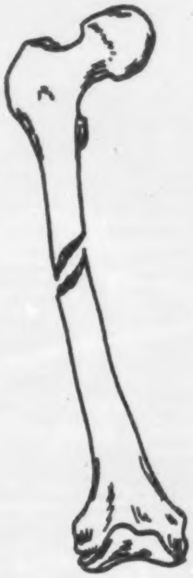
## INFORMATION

Breaks, or fractures, are also named by their positions. These pictures show how they are named. The names used here will be important to you when you do insurance billing.

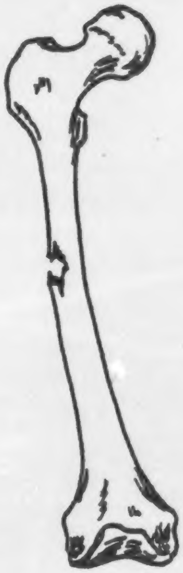
**TRAVERSE**



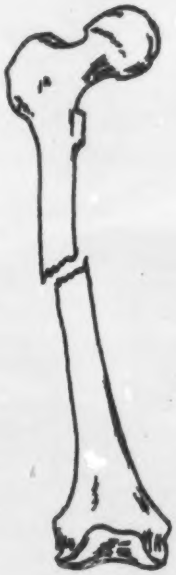
**SPIRAL**

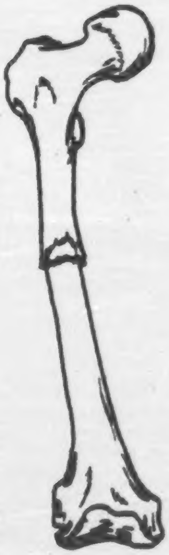


**GREENSTICK**

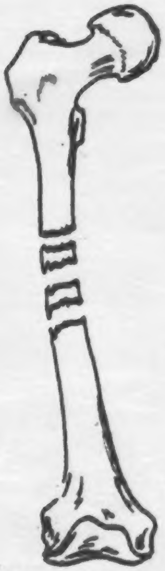


**OBLIQUE**





**IMPACTED**



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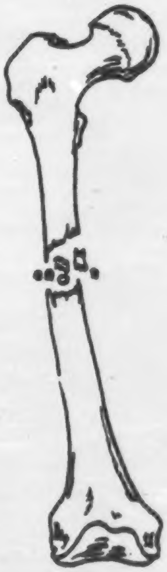

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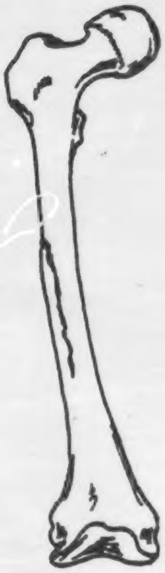


**LONGITUINAL**

## WORD GUIDE

INFECTION - Germs, bacteria.

PERIOSTEUM - The thin covering over bones.

BRITTLE - Breakable.

ANESTHETIC - Used to relieve pain.

CIRCULATION - Movement around the body.

CALLUS - A bone-like substance formed while a fracture heals.

OSTEOBLASTS - Cells which help in the formation of callus.

INCISION - (In-sizz-shun) - A cut into an area.

SITE - Place.

ORTHOPEDIC - Having to do with bones.

ASEPTIC - Anti-disease, sterile, clean.

## INFORMATION

Using a cast to hold the fracture in place as it heals is the first step to recovery. Other important facts:

1. Young person's bones are less brittle and heal more quickly.
2. Good circulation of blood is necessary, so the cast must not be too tight.
3. The wound and/or fracture area must be free from infection.
4. Cells, called osteoblasts, must grow from the periosteum. A new material called callus from the osteoblasts is formed Soft callus turns into hard callus, which seals the break. This normally takes at least six weeks.

When the doctor finds a fracture and decides to fix it, we say he sets or reduces the fracture. He does it by open reduction or closed reduction. Closed reduction means the doctor moves the body part until the bone is in place and then puts on a cast to keep it in place. This usually is done in an operating room with the patient asleep under a light anesthetic. Open reduction is a major surgical procedure. The doctor makes an incision over the site of the fracture and exposes the broken area. He then repairs the fracture with wires, plates, screws, nails or other orthopedic devices. This is all done in surgery under strict aseptic conditions.

WORD GUIDE

REHYDRATED - Re-wet.

## INFORMATION

After the reduction is completed the doctor will apply a cast. He first cuts padding to put over the area. This may be made of foam, felt, sheet wadding or stockinette. The rehydrated plaster is then wound over the padding to the thickness the doctor wants.

The Medical Assistant assists with the application of casts for fractures in the office. These are generally simple fractures of the transverse, greenstick or oblique type. The doctor will expect the Medical Assistant to set up the equipment and perhaps to support the broken body part and the cast as it is applied. Cleaning up after is also the job of the Medical Assistant.

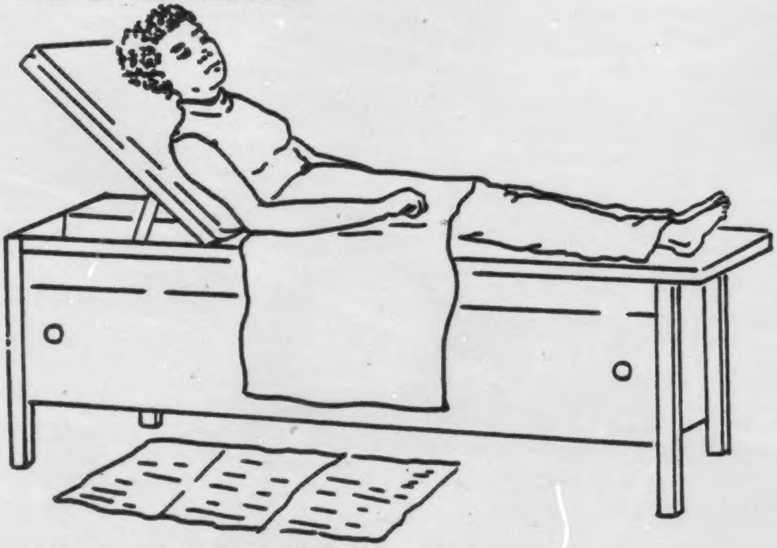
## JOB STEPS

1. Gather your equipment and take it to the room where the cast is to be applied.

2. Check the patient to see that the area the cast will cover is clean and dry. If it is not, wash it with soap and water and dry it with a towel. Remember to be gentle - the patient is in pain.

3. Lay the scissors, stockinette and cast padding on the cart or table next to the patient. Place the equipment where the doctor can reach it easily.

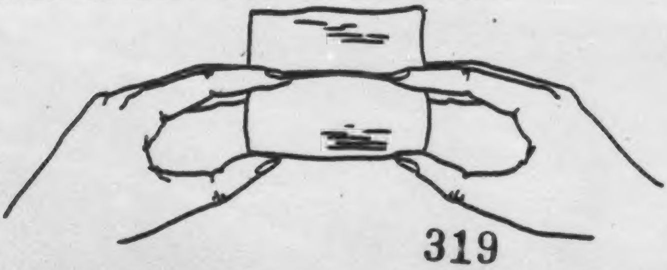
4. If the area to be casted is large, spread newspapers or a plastic sheet on the floor. Place a clean sheet of plastic under the area to be casted.



5. Fill the pail one-half full with warm water.

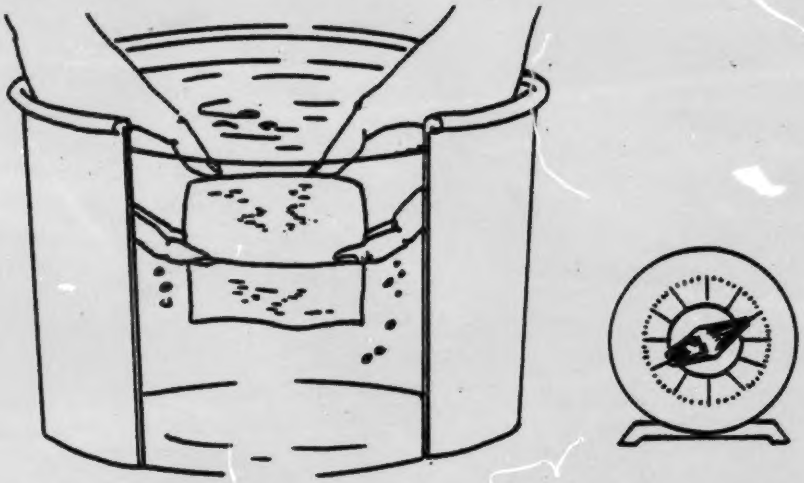
6. Put on a pair of clean gloves. They need not be sterile unless the fracture is a compound fracture.

7. When the doctor is ready, hold the roll of plaster in both hands, one on either side of the roll.



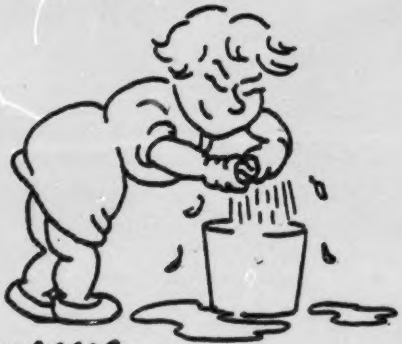
## JOB STEPS

8. Hold the roll of plaster in the pail, below the water level, for 5 - 10 seconds.

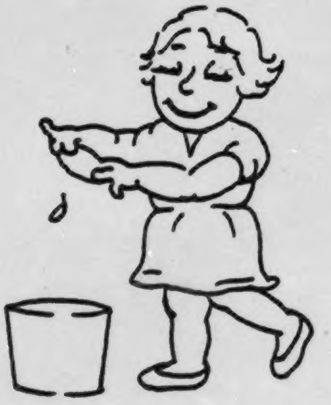


Air bubbles will be released when the plaster has been in the water 5 - 10 seconds.

9. Remove the roll from the water and, holding it over the pail, gently squeeze both ends. This gets rid of much of the water but leaves enough with which to work.



WRONG

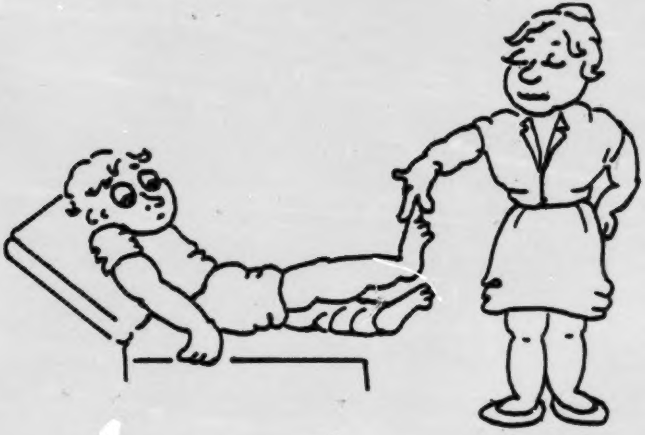


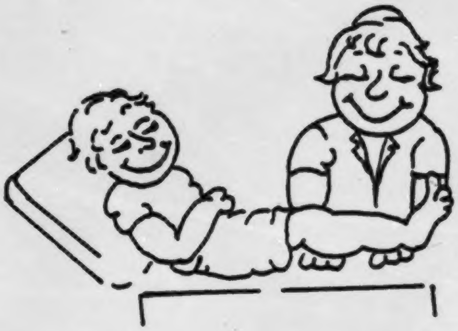
RIGHT

10. Hand the softened roll to the doctor.

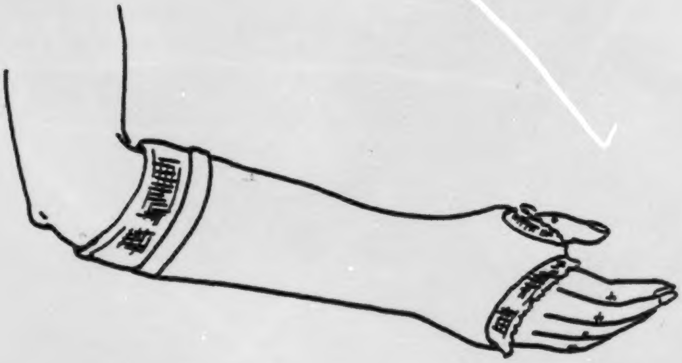
## JOB STEPS

11. Assist as the doctor requests. If you are asked to support a limb, do it by holding with your palms and applying gentle, steady pressure.





12. When the cast is completed, turn the excess stockinette up over the edges. This protects the patient from rough edges and keeps crumbs of plaster from flaking off. The doctor leaves extra at the ends for this purpose.



13. Trim away any extra stockinette and/or sheet wadding.

14. Put adhesive tape along the edge to hold the stockinette in place.

## WORD GUIDE

DISTAL - Furthest from the body.

EXTREMITY - Arm, leg, hand or foot.

EDEMATOUS - Swollen.

CYANOTIC - Bluish.

## JOB STEPS

15. When the cast is dry, assist the patient with their clothing and give them the following cast care instructions.

    A - Keep the cast dry. If it is on an area which might get wet in the tub or shower, help the patient figure out how to tape plastic over it to protect it when they shower. The cast will crumble if it gets wet.

    B - Be sure the cast is not too tight. Casts become too tight when the injured area swells up after the cast is in place. Most casts you apply in the office will be on arms, legs, feet or hands. If the cast is too tight, the circulation will be cut off, the distal part of the extremity will become edematous and cyanotic. You should tell the patient to be sure to call the office if this happens. You must then give the patient an appointment right away.

    C - During the first 24 to 48 hours, the casted body part should be elevated (raised) in a comfortable position. If it's a foot or leg, it should be propped up on a stool or pillow. If it's a hand or arm, it should be propped higher than the body when the patient is lying down. When the patient is sitting, it should be propped above the level of the heart, if possible. All of these positions help to prevent edema.

    D - The doctor may prescribe something for pain. Be sure the patient understands how and when to use the medication. Ice bags applied to the affected part may also help decrease pain and reduce swelling.

16. Have the patient make an appointment with the receptionist for a return visit.

17. Clean up the exam room and your equipment (Module 4401 10 002). You may wish to do these two mods at one time.

To pass this module:

I. Do the job steps. Your instructor will play the part of the doctor. Ask a classmate to be the patient. The cast we will use for demonstration will be thin and can be cut off with scissors.

II. Be ready to answer the following for your instructor.

1. Casts are used to _______________ a body part.
2. Some reasons for immobilizing a body part are:

   ____________________________________________________________,
   such as club foot or dislocated hip. Also in the treatment of diseases of the _______________ parts of the body.
3. The two main kinds of fractures are _______________ and _______________.
4. Three types of fractures, named by their position are, _______________, _______________ and _______________.
5. Answer true or false:
   a. Fractures heal more quickly in elderly people then in children.
   b. Care must be taken to allow good circulation or the fracture will not heal.
   c. Wounds under casts never become infected.
   d. Closed reduction is almost always done in the operating room.
   e. Open reduction is usually done in a doctor's office.
   f. A fracture which causes no break in the skin is called a simple fracture.

III. Show how to instruct the patient in cast care, by instructing your classmate.

Answers to the quiz:

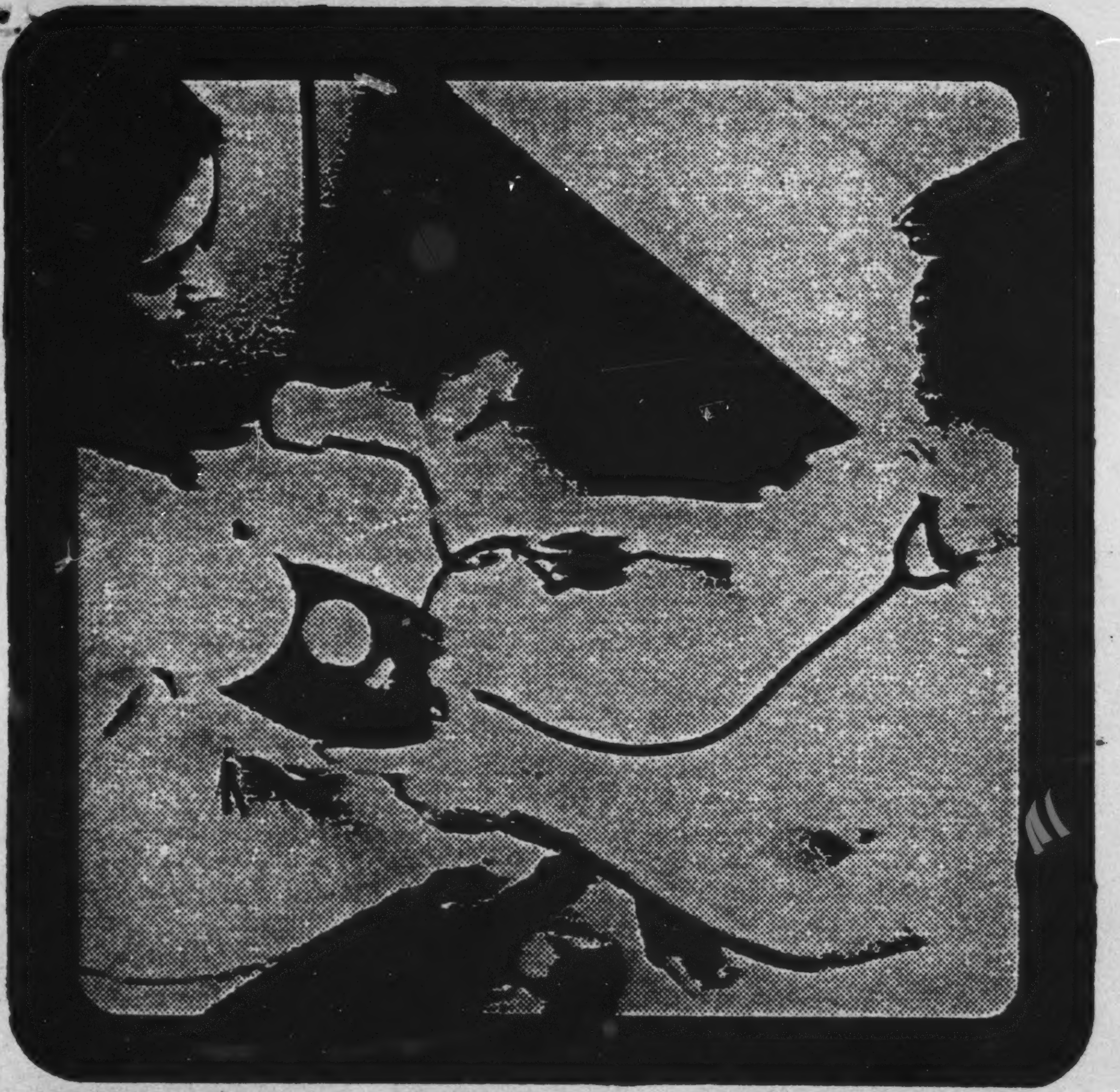
1. Immobilize

2. Congenital deformities
   Skeletal

3. Simple
   Compound

4. Greenstick
   Transverse
   Impacted
   Spiral
   Multiple
   Comminuted
   Longitudinal
   Oblique

5. a. F
   b. T
   c. F
   d. F
   e. F
   f. T



# medical assistant

**unit:** Casting Procedures

## capital area career center

**module:** 4401 20 002 **date:** 10/77 **level:** II

**skill title:** How To Clean Up After a Cast Application

**developed & written by:** Beverly Varney

**visuals by:**

## WORD GUIDE

**CAST APPLICATION** - Putting on of a cast.

**DISPOSABLES** - Things that can be thrown away (can't be used again).

## PERFORMANCE OBJECTIVE

### You are going to learn:

How to clean up after a cast application.

### In order to do this you will need:

Module 4401 20 001

Soiled gloves used by the doctor

Soiled gloves you have on your hands

A pail of warm water in which you wet the plaster bandage

An exam room with used plastic sheet, newspaper, bandage and tape scraps, used bandage and plaster shears, basin of soapy, dirty water

A wastebasket

A sink

Soap

Clean towels

### We will know you can do it when:

1. You have cleaned the examination room so it is ready for the next patient.
2. You've washed and put away all used equipment.
3. You've thrown away all disposables.

## WORD GUIDE

**PROCEDURE** - Things done in a medical office.

**PERMANENT** - Not disposable or throw-away.

## INFORMATION

The Medical Assistant is usually the person who has to clean up after surgical procedures. When cleaning up after any procedure, your goal should be to leave the examination room ready for the next patient and to have all used equipment ready to use again. This means you should remove all soiled equipment from your cleaning area. You should be sure all tables, chairs and other surfaces in the exam room are clean and covered with fresh paper covers. You should then go to the cleaning area and throw away all items that cannot be used again. You should then clean and store all permanent equipment.

To pass this mod:

We suggest you do modules 4401 20 001 and 4401 20 002 together. Have your instructor check you as you go through the job steps of this mod and demonstrate you can clean up after a cast application.

## JOB STEPS

1. Put all soiled instruments and equipment onto the cart.

2. Throw the newspapers in the wastebasket.

3. Pull clean paper from the roll to cover the exam table.

4. Throw the used exam table paper in the wastebasket.

5. Use a clean, wet towel to wash away any plaster which has dripped on the table, cart or floor.

6. Wheel the cart to the work area.

7. Put all soiled instruments and the gloves into warm, soapy water in the sink.

8. Throw away all small bits of leftover gauze, tape, cast padding or stockinette.

9. Return unused portions of gauze, tape, and other casting materials which are large enough to re-use, to the storage area.

10. Place clean paper covers on the cart, if needed.

11. Return the cart to the exam room.

12. Check the exam room to be sure it is clean and ready for the next patient.

13. Return to the work area, wash; rinse and dry the equipment in the sink.

14. Store the equipment.

15. Clean the work area, sink and counter.